

HANDBOOK OF CHILD GUIDANCE

Edited by

ERNEST HARMS

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A CHILD GUIDANCE CONCEPT OF A HUNDRED YEARS AGO

HORACE MANN

on the *INFLUENCE OF A GOOD TEACHER*

"To save a considerable portion of the rising generation from falling back into the condition of half civilized or savage life, what other instrumentality does Society afford than to send into every obscure and hidden district in the state a young man or a young woman whose education is sound, whose language is well-selected; whose pronunciation and tones of voice are correct and attractive, whose manners are gentle and refined; all whose topics of conversation are elevating and instructive; whose benignity of heart is constantly manifested in acts of civility, courtesy and kindness, and who spreads a nameless charm over whatever circle may be entered. Such a person should the teacher of every common school be. Such a teacher by associating with the children of the school for a considerable portion of the time each day, by remaining with them for weeks and months successively; by having an opportunity to observe their conduct towards each other, and thus to become acquainted with their various dispositions; by gaining access to their minds through the delightful medium of instruction; and, finally, by prolonging this relationship through all the susceptible and impressible years of childhood and youth. Such a teacher, so far as it may be in the power of any mortal agency to do it, may mould the habits and manners of the rising generation into the pleasing forms of propriety and decorum, and, by laying their foundations in the principles of justice, magnanimity, and affection, may give them an ever-during permanence."

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CHILD GUIDANCE

WERE Horace Mann living today, I believe that he would be one of those forward-looking educators who consider the development of child guidance our most important task. It was he who, a hundred years ago, stood for an education which would not only advance knowledge in any field but which would train and mould youth to strong and healthy personalities for the various tasks of life.

It is unfortunate that our educational development during the past hundred years has not followed the lines set forth by this leader of American thought. With the advent of new problems brought about by the increase in scientific and technical processes our system of education has become progressively less able to fulfill the task of preparing the child for life in its many aspects and in the various relationships which bind it to the modern community. Instead, modern education, as a social institution, is mostly confined within the walls of the classroom and considers its tasks predominantly that of imparting the elementary facts of scientific knowledge which, in written and printed form, present the basis of our modern existence.

It would be contrary to the spirit of this volume to deliver a bill of complaints against our modern academic education or with the training received in the family, the church, or the community. Our task is rather to point out the manifold ways and means by which to solve the main problems in establishing a well rounded system of education. But, while omitting any brief against modern education, we must recognize that the existence of so many neurotic and despairing young people has forced medical men who feel responsible for society's mental health to overstep bounds in order to treat mental disease. This calls for an educational system so ordered and planned as to serve as a prophylactic for the mental health of the rising generation. The present ever changing conditions demand sound and far reaching social and mental preventive measures. We can no longer afford to call for the psychiatrist only after our youth has been harmed by fear neuroses, or lamed and mentally twisted by uncontrolled unfortunate conditions. Even our exaggerated rationality revolts at such waste. We must seek the hygiene and the prophylaxis necessary to preserve the inborn, innate sanity of our youth through a broad program of educational and cultural development similar to that of Horace Mann.

Child guidance, as it is generally understood and applied today, is merely the therapeutic assistance given to socially and mentally handicapped children, in addition to parental and school education. This form of child guidance is usually administered by medical psychologists. It is thus a science directed first and foremost toward the care of the socially, physically, or mentally subnormal child. Only a very few educators consider the healthy child in need of any form of guidance, but the contributors to this volume belong to this small group. *It is thus the aim of this volume to set forth in the broadest sense the theory and practice of child guidance for the normal as well as for the subnormal child.*

Child guidance, as we understand it and present it here, is not merely an extension of such guidance as that developed under medical auspices. It is broader and more comprehensive in its general concepts. If we compare the sum total of educational influences on the youth of earlier days with those of our own times our most imposing institutions dwindle before the rôle played by the much less organized and less pretentious primitive folk cultures. Although, viewed from the standpoint of modern science, we may now consider much of the ancient wisdom as superstition, we find the folk wisdom of a prescientific age meeting the important problems of juvenile development more squarely and possibly more adequately than does our modern education. In most primitive cultures there are generally accepted rules, such as those specifying proper prenatal care and home education of the child. In striking contrast is the helplessness of parents in our own modern civilized society. There is a crying need for *parental education* in any comprehensive plan for adult education for child guidance.

We sometimes forget how new our scientific concepts are in the mental history of mankind. And their origin was not in the field of knowledge relating to human life but in the nature studies of the lower animal kingdom. Psychology and sociology, which most closely concern our own existence, are the youngest children of the family of sciences, hardly more than a few decades old. We do not have to go far back in the history of man's knowledge of rearing his young — or of "pedagogy" — to find the earliest records of this most recent science. It is scarcely a hundred years since the close of the so called classical period of pedagogy, a period which based its conception not on any kind of scientific knowledge but on that intuitive power which was the source of all early folklore. In one of the first "scientific" child psychologies, Wilhelm Preyer's *Mind of the Infant*, which William T. Harris tried to introduce into the educational literature of the United States a few years before the start of this century, we find that it is based on such intuitive rather than on modern scientific thinking. For this reason the majority of educators in this country now disregard it entirely. Even Herbart, the great founder of inductive pedagogy, is thoroughly discredited because, according to present American educational methods, his thinking is not coherent, and anyone who attempts to

revert to him, as did Charles H. Judd on various occasions, is considered old-fashioned. The psychologic and sociologic knowledge upon which our present pedagogy is based is only fifty or sixty years old, it is therefore rather youthful and inexperienced for the basic wisdom necessary for the task of guiding modern man and his offspring.

Modern science is often said to have made the greatest cultural revolution in the history of man. Most revolutions make an abrupt break with earlier traditions. Although historians of its development may not agree that modern science made its appearance in a violent and revolutionary manner there is quite an obvious break made by its advent in the traditional relationships found in any field of cultural influence, especially in that of the understanding of human life itself. We see it in the circumscribed field of applied sciences, including the science of education, and also in the wider field of popular thought and action. Up to the middle of the past century the popular mind still held the traditional knowledge of centuries in regard to bringing up children. Under the revolutionary influence of the modern scientific approach this knowledge has temporarily vanished and only rudimentary and fragmentary scraps of information from the new fund of scientific learning have found their way into the thinking of either the privileged or the so-called underprivileged members of our national life.

It is therefore the aim of this volume to outline the broad fundamental problems which the science of child guidance must encompass rather than to indicate the all too apparent deficiencies of our present practice in the field. Its main task is not so much one of specific detail as one of broad definition and outline. In this work we do not deny that the standards attained by our present education, especially in scholarship, show a more progressive attitude than those of any past period. Nevertheless, as soon as we leave the limited sphere of the classroom we are faced by a science with inadequate general educational concepts but rather with those which, rising out of the actual and often tragic need for momentary help in which all our modern psychiatric theories of child guidance originate, cannot grow to full stature. Even with all of the exact knowledge of our present educational systems and the nascent knowledge of our psychiatry there remains a wide gap which must be filled before we shall have the wisdom to guide our healthy youth in many aspects of life.

A broader comprehension of life and an education to prepare youth to meet it will constitute true child guidance. Guidance, so understood, will change the balance of our educational values. It will give weight not so much to merely inducting knowledge in the classroom as to imparting knowledge which will guide youth in every phase of existence.

The study of the table of contents of this volume will reassure the reader as to the comprehensiveness of this carefully planned work. Modern theories of child education cannot be based on prescientific pedagogical wisdom but, like our scholastic education, must be founded on scientific data and method.

Just as surely, however, modern theories of child guidance must follow the wisdom of prescientific days in returning to the breadth and inclusiveness of their concepts. As the youngest of all our sciences, child guidance must be given time to mature. We do not pretend to present a fully developed science but rather attempt to describe the present scope of the scientific development toward which we strive — an indication of its depth and breadth and of the distance which must be traveled before it is complete and well rounded. This book must be considered rather as a preliminary introduction to the problems of the development of child guidance as a science than as a textbook in such a science. The collecting into one volume of work in a variety of related fields should do much to indicate directions already taken and to be developed further of work accomplished, and of work still to be done.

This *Handbook* is the product of an even larger group of collaborators than is listed. Its plan was developed from suggestions and contributions of workers in many related fields. It was the Editor's conviction that the *Handbook* would attain the greatest value if it represented as many viewpoints as possible. We have attempted to realize this aim. Although those who have actually contributed the various chapters of the *Handbook* belong to quite different groups and express different standpoints, they are all united in the conviction that a collective effort in the field of child guidance is urgently needed — a conviction so strong in some of the contributors that they put aside pressing work in order to carry out the plan of the book in the short amount of time available. Very few of those whose collaboration was sought refused. The contributors were selected not from any desire to present special viewpoints but rather with the aim of offering a complete and accurate picture of the present achievements and problems in the field of child guidance. Well-known workers in the field are represented, together with those less well known who, at the beginning of their careers, have made notable contributions. In the fields where contradictory viewpoints prevailed, the one which was felt to contribute most to the educational aim of the *Handbook* was selected. In every case the contributor was given complete freedom in the discussion of the particular topic assigned to him. Inevitably there is some overlapping but it is hoped that the presentation of the same problem from different viewpoints will make the whole all the more instructive. References have been limited, in an attempt to emphasize the education keynote of the entire volume.

The selection and arrangement of material has been made to reflect as closely as possible the present stage in the development of child guidance. A similar volume, published twenty-five years from now, would doubtless consist of quite different material. Our current study surveys primarily the main aspects of the work of guiding the healthy child, as practiced at present. Since child guidance goes hand in hand with our well developed school systems, it seemed neither possible nor necessary to devote more than scant attention to the problems and tasks relating to school education.

The Editor had considerable difficulty in reconciling the often conflicting opinions and theories underlying the question of the guidance of handicapped children. Opinions differ widely as to whether or not a physically handicapped child is a subnormal and problem child, or whether a slightly handicapped problem child can be considered subnormal. In arranging the presentation of these problems, the Editor has tried to comply with the more sensitive opinions expressed by those working in their special fields.

Special emphasis was given to the last three parts of our volume *Social Aspects of Child Guidance*, *Religious Aspects of Child Guidance*, and *Social Viewpoints for Child Guidance*. Part Six, especially, is of major importance because of the education role that child guidance has assumed quite apart and distinct from the educational rôle of the school. Since a child is not a mere container of knowledge and attitudes concerning his world but is also a member of the social human group, knowledge and understanding of the problems which concern the group are the most fundamental part of any concept of child guidance. If child guidance is ever to become a major educational force, guidance in social questions will be the core of any handbook or text on the subject.

Although one section of the *Handbook* has been devoted to religious guidance, this does not mean that the Editor acknowledges the right of certain ecclesiastic groups to dislodge from its scientific basis, or to control, our cultural education. However, since religion plays a major part in present American civilization, it must be part of any comprehensive presentation of the main problems of juvenile guidance. It was the Editor's wish to present the specific theories of religious guidance of all important faiths practiced in the United States, but some of the groups approached were unwilling to take part in any joint discussion of the religious guidance problems.

Other topics were suggested for inclusion in the *Handbook*, but an honest appraisal of their relative importance in the growing volume of material decided us to omit them. For instance, a chapter on the *Guidance of the Indian Youth* was suggested, the presentation of which would have been a matter of personal predilection to the Editor. However, it was felt that consideration of such special problems should be postponed in favor of more basic problems.

There may be some criticism of our inclusion of the child guidance theories of the three great leaders of the present psychotherapeutic movement. The Editor felt it necessary to present their views because of their actual influence on the development of child guidance in our time.

There is no doubt that, especially here in the United States, there are other important contributions to the development of child guidance which the Editor seriously wished to include but which the groups concerned refused to present. The resulting omission from this volume reflects a current tendency toward individualism which may be a serious obstacle to sound coordination and development of all the forces for child guidance.

In closing, we express the heartiest wish that the chief contribution of this volume may be to bridge the gap created by such unwise individualism and to unite the forces for child guidance into a health-giving and humanitarian whole.

Finally, the Editor wishes to express his profound thanks, not only to those who have contributed chapters to the *Handbook* but to those who have given their advice as to its composition

ERNEST HARMS

PART ONE

THE DEVELOPMENT OF CHILD GUIDANCE
IN THE UNITED STATES

THE DEVELOPMENT OF CHILD GUIDANCE IN THE UNITED STATES

By

BERNARD GLUECK

THE world-scene of our day and the informed predictions of the shape of things to come for at least a number of years should stimulate a renewed interest in the subject under consideration here. In the midst of the many very discouraging features of our contemporary culture and state of affairs generally, there stands out one feature which is in complete contrast to them all, namely, our determination to do the best for our children. Indeed, we might as Americans take pride in the fact that the wisdom and degree of maturity of the average American community is coming to be judged more and more by the manner in which it deals with its childhood. This is as it should be, since everything that is to come after us, the good and the bad in human relations and human destiny, is of necessity so largely determined by the manner in which we deal with the raw material of mankind's future, namely, the children of our own day. Man has not always been thus motivated.

A review of the history of human relations and of man's attitude towards his offspring in the past makes us wonder whether there are any limits to man's capacity for cruelty to his own kind, and one way of viewing what is happening in the world of our day along these lines is to consider it in the nature of a regression, a reversion to the past in human and social evolution. When we compare the magnificent generosity of matter and spirit which is reflected today in the numerous and varied child welfare enterprises with the way in which childhood was dealt with even as late as the 17th century we can justly take occasion for a renewal of our faith in the nature and spirit of man.

The brutalizing and horror inspiring traditions and customs of child-sacrifice, infanticide, and child-slavery, traces of which still linger among some of the peoples of our planet, gave way very slowly to the humanizing influences which were released through man's gradual mastery of his fears and superstitions. One cannot ignore in this connection also the important rôle played by the various ethical and moral movements which accompanied man's upward struggle towards the freeing of his spirit.

But it was not until the 19th century, a period in human evolution which more than any other was pregnant with scientific discovery and hunger for truth, that real progress in child welfare was made possible. Between the establishment of the first permanent asylum for children by St. Vincent de Paul in 1648 and the Napoleonic decree of 1811 which declared that the unprotected infant was a charge of the State, very little progress was made in the direction of child welfare in the sense in which we know it today. Such progress as man was laboriously making after the long night of the Dark Ages was materially hampered by the curious and tenacious doctrine of child-depravity which was but one of the many unhappy incrustations that Christianity acquired in the course of the centuries.

While our own Philadelphia was able to boast of a society for the prevention of cruelty to animals as early as 1823, it was not until fifty years later (1874) that there was one also for the prevention of cruelty to children.

Charles Dickens tells us in his inimitable way what the situation was in his day, and his valiant struggles in the service of childhood are still bearing fruit today.

But neither the pen of a genius like Dickens, nor the growing philanthropic sentiment of man could by themselves have helped the cause of childhood materially. Without the contribution from the biological and the more strictly medical sciences, it would have been impossible to attain the present-day marvelous mastery of the forces of nature, of man's physical environment which have the capacity to influence so enormously man's experience of birth and death, his states of disease and health, of happiness or misery.

One by one those forces which are inimical to man's welfare and happiness and which are part of his physical environment are being conquered. Child-birth is no longer the menace to the mother's life that it used to be in the not so far distant past, the rate of infant morbidity and of infant mortality is being gradually reduced; school and recreational hygiene is acquiring an ever-improving technique which promises to exert a positively beneficial effect upon the growth and maturing of childhood, and the more recent advances in the science and art of nutrition at last promise to check the manifold vices which result from unintelligent feeding of the child and infant.

These truly marvelous advances in the science and art of combatting the evils which threaten man's physical existence stand in sharp contrast to the paucity of progress in the understanding and management of the factors which affect and shape the personality of the child. Child hygiene and even the broader features of the child welfare movement in general have addressed themselves very largely to the child as a physical organism, dependent for its welfare upon physically favorable conditions of nature and nurture.

That this falls short of the needs of the human personality for adequate adjustment to life is clearly obvious from the phenomenon that, while the

chances for physical well-being and survival have been markedly improved as a result of these activities, man seems to find it no less difficult than formerly to lead a happy, well adjusted existence as a social being. The community's greater concern with problems of human maladjustment, coupled with the higher standards of psychological and social fitness which are demanded by the rapidly changing conditions of life, are bringing into sharper relief the truly alarming extent and depth of human maladjustment, and justifiably raise the question whether, in spite of man's marvelous achievements in the conquest of the physical threats to his existence, he is not even less fitted to cope with the problems of life than were his predecessors.

The need for provision for the mentally and morally sick is alarmingly out of proportion to the increase in population. In so far as it concerns the mentally diseased, the gravity of the problem can be seen from the fact that whereas in 1880 the public institutions for the insane in this country cared for 40,942 patients or 81.6 per 100,000 of the population, in 1928 these hospitals cared for 438,000 patients at a cost of over \$80,000,000 a year. The population of these hospitals is increasing at an annual rate of about 10,000 and about 75,000 new patients are admitted to these hospitals every year. This alarming increase in the hospital population does not give the answer to the question as to whether or not mental disease is on the increase. Much of the increase in the hospital population is obviously due to a finer social conscience with respect to these unfortunates, and the consequent provision for their care. Nevertheless, studies of mental disease expectancy in New York State indicate that approximately one person out of every twenty-two of the population becomes a patient in a mental hospital.

Neither is it clear that crime and delinquency are as alarmingly on the increase as would be suggested by the astounding phenomenon that we release from our penal and correctional institutions about 500,000 men, women and children every year. Man's apparently growing incapacity to cope with the problems of life is more clearly and more surely reflected by the countless numbers of failures which do not reach the hospital for the insane or prison.

More and more parents find it difficult to carry out the job of parenthood in a manner adequate to the demands of our times. More and more people find it difficult or impossible to protect the marital relation from the disruptive encroachments of the hectic and fatiguing tempo of modern life, especially in crowded communities. The changing conditions of man's existence demand of everyone a degree of personal maturity which these very conditions render increasingly difficult of achievement.

At any rate, we must appreciate to a greater extent than ever before that all our undertakings for the betterment of man's existence on this globe must fall short of the desired goal unless man is conceived as something infinitely more complex than a mere physical organism.

II

This is, of course, triste matter, and it is not intended to convey the impression that man has not busied himself in the past with that phase of the human personality which reaches beyond the realm of the physical. But it required the impetus of the mental hygiene movement to focus society's attention more directly upon the psychological and social aspects of the human personality, and no child welfare undertaking of the present day can afford to ignore the mental hygiene aspects of childhood. As a matter of fact, within the mental hygiene movement itself, most of the energies and resources are being devoted to the field of childhood, since it has become increasingly evident that the greatest promise for melioration of the entire problem lies in this direction.

The careful study of the maladjusted adult is leading to the conclusion that the various end-products of human maladjustment, such as criminalism, chronic pauperism, neuroticism and personal frustrations of all sorts, even clearly defined mental diseases exclusive of those caused by toxins or injuries, are foreshadowed in the childhood of the individual by certain traits and tendencies which lend themselves to modification in a very large measure.

As a result of the actual application of preventive and curative measures to the maladjusted child, our faith in the modifiability of human nature is being daily strengthened. We are gradually developing a more dependable technique for the refinement, disciplining and socialization of the crude, instinctive determinants of human nature and human conduct. We are learning more and more of the processes in the nature of habit training and deflection of energies which make possible the transformation of these biologic dispositions into human values and human purposes. We are discovering a more dependable technique, through the study of the child's human and social environment, his home, his school, and his playground, for harnessing the child's energies to socially acceptable ways of adaptation.

In view of the rapidity with which man's social environment is changing, the expression in conduct of man's inherited and unmodified racial and primitive tendencies is becoming increasingly intolerable. That which was at one time a virtue in the process of adaptation has become destructive to life in modern society. As Goddard puts it, "We know now that the instinct of self-preservation leads directly to the appropriation to one's own use of whatever he comes across that he conceives may be useful to him, and it leads also to the concealing of his own plans and purposes by deceiving others as much as possible. The instinct for the perpetuation of the race leads to uncontrolled sexual indulgence. In the times when men lived much apart and to themselves all these were virtues. The hoarding instinct was basic in providing for the future, the deceiving instinct led to the withholding from others information that might be used against the individual, and the sex instinct led to the production of many offspring to fight for the safety and welfare of the family."

"In the modern world we live close together and in a cooperative society. We have divided the work so that we are all dependent upon all the rest. Under these conditions the instinct to hoard and accumulate becomes stealing. The instinct to deceive becomes lying, and unlimited sex activity becomes sex immorality."

What I wish to point out is that whereas the release of human intelligence has brought with it a marvelous capacity for modifying man's physical and social environment, and of making it more rich, but also more complex, it has not concerned itself sufficiently with the necessity of adjusting man's inner nature and inner dispositions to these changes. The mental hygiene movement has as an important task the stressing of the importance of these inner subjective adaptations of the personality, since in the last analysis everything that comes to man from his environment receives its ultimate valuation from him.

The human infant comes into life with a pretty well constructed machinery for the functions of life. Like other living beings it is endowed by nature with certain dispositions to action, but more so than any other living being it has to learn the technique for the proper use of its machinery.

This knowledge comes to the developing child through imitation, through deliberate and unwitting suggestion from its environment, by way of formal training and experience. The ultimate effect upon the personality of the child is not the result merely of these external impressions, but of the manner in which the child reacts to them, incorporating them into his own constitution and the extent to which his innate dispositions to action become affected by them.

Herein lies a very important difference in the significance for the destiny of man between his physical environment and his human, social environment. The effects for instance, of the diphtheria bacillus upon the constitution of the child are fairly definite, quite predictable and pretty much the same upon all children. Not so with the influences which come to the child from his human environment, from his father and mother, his teachers, his sisters and brothers and playmates. His reactions to these influences are those of a person and not merely of a physical organism. His entire personality becomes implicated in the situation so that his entire outlook on life, his attitudes and dispositions become deeply colored by his human environment. As a science, mental hygiene aims to discover which human relations, especially those that came to the individual during his impressionable years of childhood, make for normal efficient development and which are inimical to such development.

While our knowledge in this connection is relatively meagre when compared with what we already know concerning man's physical environment, enough data is at hand to enable us to control to a considerable extent the maturing and socializing process of the developing individual.

Our growing acquaintance with the manifestations and prevalence of the induced sources of childhood maladjustment is gradually modifying our notions concerning predispositions and predestinations of one sort or another. We are

less and less willing to attribute these manifestations to causes which are beyond the individual's experience, and incidentally beyond the reach of modification on this account. The tendency is increasingly in the direction of searching for the meaning of the disorder as part and parcel of the child's personality. What does the disorder or maladjustment signify as regards the personal economy of the child, as regards his life and functions as a feeling and striving and acting personality?

When a boy steals, or runs away from home or school, or is given to explosive tantrums of disobedience and rebellion, or is intimidated by the ordinary demands of daily life, what does it all mean? Do we satisfy the requirement of proper understanding when we call the boy a thief or truant, or neurotic or cowardly?

Behind these outwardly simple categories of conduct with which we are so familiar and for the management of which law and custom have laid down certain fixed processes, there often lurks a complexity of phenomena which cannot be cleared up until we also ask ourselves, what is this boy after? What is he trying to achieve by these manifestations of conduct?

Whether one is dealing with the mere tantrums of childhood, or with the more socially significant delinquency manifestations of stealing, lying or running away, it is essential above all to search for the meaning of the disorder in the child's economy, for the rôle it plays in the child's efforts to adapt himself to the demands of his environment. Frequently what the adult considers as an unhealthy or perverse manifestation of childhood behavior may be nothing less than the child's reactions to an imperative instinctive demand which must gain expression somehow, and it becomes our task not to thwart this energy expression by blind restriction, but to guide it into healthy channels of activity. More so even than the adult, the child in manifesting signs of maladjustment is merely attempting to reach some adjustment to a personality problem. His natural craving for recognition and for an enlargement of his personality, renders him subject to all sorts of utilizations of his energies, sometimes in a healthy, normal manner, at other times in quite an abnormal fashion, in the service of his ego.

What I have been obviously trying to say thus far is to emphasize certain contrasts between those child-welfare aims which have the child's physical well being in view and those which concern themselves also with the child as a whole, as a personality. General hygiene has for its central purpose the elimination of disease-producing factors in human existence and the prolongation of the span of life. Mental hygiene stresses more particularly the depth and meaning, the richness and worth of human existence. General hygiene works with facts and principles which relate to man's physical environment, mental hygiene finds its sphere of activity in man's human and social environment. General hygiene works with criteria which are more in line with those employed in the physical sciences, it is in the main a more impersonal type of influence

that flows from it Mental hygiene is an eminently personal enterprise, it deals with the chemistry of the personality rather than with the chemistry of the blood Diphtheria antitoxin may be sent across a continent by air or water routes and lose nothing of its effectiveness in combatting a diphtheria epidemic No such long distance service is possible for a troubled mind or soul The splendid achievements in the physiology of the nervous system which have thrown so much light on the problem of stimulus and reaction in human behavior lose much of their significance when applied to the stimulus and response situations that exist between human personalities Moreover, and this we wish merely to indicate very briefly at this point, in dealing with human behavior one must always consider the possibility of an unconscious element in the reaction of the personality as a whole The overt behavior manifestation may only remotely and symbolically reflect the deeper underlying situation to which it is related It is very well to establish laws of habit training out of the experiences of the psychological laboratory with animals and a maze, but it is apt to be an altogether different matter when these laws come to be applied by one human being to another

The laws of habit training when applied to human beings mean very little or nothing unless one also takes into account the personalities of the trainer and the one to be trained It is very well to say, make certain unhealthy reactions also unpleasant for the child, and he will learn to avoid them But the burning of one's finger is apt to teach no lesson at all if that person happens to have an inner longing for a scorching

The controlled experiment in child training and in the shaping of the personality has to take into account in addition to the objective situation, the desires and wishes of the individual, and the subtle manner in which a child's fundamental wishes may manifest themselves Many of the difficulties and predicaments that an active boy might get himself into, in the nature of destructive adventure, straying from the narrow path, or in the exhibition of strange curiosities, might be simply various expressions of the fundamental desire for new experience, for which every human being craves satisfaction To attempt merely to train him out of these aberrant ways of seeking satisfaction is apt to fail unless healthy substitutions are provided The same principle holds true in connection with other forms of unhealthy or aberrant behavior

The child who is hampered in his relations with other children because of an unhealthy clinging to baby ways and finds it difficult to relinquish the privileges and protections of infancy, often merely expresses an exaggerated need for a sense of security Later pursuit of gang associations and identification with sources of strength and stability may hide a similar wish for security which is common to all mankind The important thing to realize is that the wish is genuine and natural and can be satisfied in ways which do not run counter to the requirements of reality

III

I considered it desirable to preface my remarks concerning the child guidance movement in the United States by a brief outline of the general principles which dominated my own thinking in this field, for two reasons. In the first place it should require no extensive stressing of the point that it was not accidental that the child guidance movement was contemporaneous with the growing acquaintance on the part of physicians as well as the lay public with the facts and theories of psychoanalytic psychology.

While I do not intend to elaborate here the debt which the child guidance movement owes to Freud and Adler particularly, no one interested in this field can fail to appreciate the decisive influence in the spread of child guidance of the emphasis upon child life which is the central tenet of psychoanalysis. Such influence as I was privileged to exert upon this movement derived from my interest in the field of psychoanalysis. In the second place it is well to reiterate over and over again that the mere adding to the number of child guidance clinics does not necessarily reflect a recognition of the importance of this field of endeavor nor the adequate implementation of it.

In the early days of this movement there were many psychological clinics in which children were tested and examined, but which could by no stretch of the imagination be designated as child guidance enterprises.

Even today a greater or less degree of psychophobia, especially as regards depth psychology, characterizes some psychological child clinics, some of which enjoy the reputation of prominence. I did not undertake to develop the psychoanalytic point of view in my preliminary remarks, but merely indicated the point of view which governed my own entrance upon this field soon after World War I. It was wholly the point of view of genetic-dynamic psychology which dictated procedure in research as well as practical application.

When William Healy and his associates inaugurated the first co-ordinated effort in child-guidance in 1909, in connection with the Chicago Juvenile Court, he had only one predecessor as far as my personal knowledge goes. This was a psychological clinic for children which was founded in Philadelphia in 1896.

Healy's pioneer work in connection with juvenile delinquents created a nationwide interest in child life, especially in relation to delinquency. Clinics devoted to "children in trouble" were established in various parts of the country, so that by 1914 there were more than a hundred in the United States. These clinics were seldom independent establishments, but functioned in connection with courts, schools, general hospital out-patient departments, medical schools and hospitals for the mentally ill. Goddard's adaptation of the Binet-Simon tests to American children took the country by storm and most of these clinics, especially during their early careers, were nothing more than mental-testing laboratories.

Very gradually, the principles of clinical psychiatry, and still later those of a genetic dynamic psychology began to influence the procedure and point of view

of these clinics, so that by 1921, when the Commonwealth Fund became interested in this field, the country at large was quite ready to respond to the quest for better ways of dealing with the health and conduct of childhood

As a matter of record it should be stated that the Commonwealth Fund's entrance upon this field in 1921, which marked the turning point in the growth of the child guidance movement, was based primarily upon its interest in the general question of the prevention of delinquency, and that the late Dr. Thomas W. Salmon had more to do with enlisting this interest than anyone else. But it should also be a matter of record that this prodigious undertaking was a definite if not strictly direct outgrowth of the writer's findings in connection with the work at the Psychiatric Clinic of Sing Sing Prison several years earlier. It was obvious from these findings that the most urgent need in the field of delinquency was more humane and more scientific dealing with the beginnings of delinquent behavior in childhood and a properly trained personnel for the understanding and guidance of child life. As an integral part of its five year program in the prevention of delinquency, the Commonwealth Fund established demonstration clinics in a number of cities throughout the country. By 1927, there were nearly 500 clinics distributed throughout the major part of the United States, serving the needs of some 40,000 children. Some criticism has been expressed here and there about the extent of the standardization of procedure in these clinics. When one remembers the importance which was attached throughout to the matter of training of personnel, both medical and non-medical in competent social psychiatric procedure, not much attention need be paid to such criticism. The insistence upon certain minimal requirements of study and treatment of the individual child as well as the social psychological and physical setting in which he lived and functioned brought child-guidance technique to its present high level of efficiency. It should also be a matter of record that training in psychiatric social work received tremendous impetus in connection with the Commonwealth Fund's interest.

Events in the growth and present status of the child guidance movement amply demonstrate the importance of the well trained psychiatric social workers in this field.

In a former contribution to this subject I stated that the therapeutic and educative influence of the child guidance movement usually extends beyond the individual child to the parent, the school and even the agents of law enforcement. Child guidance is contributing much to the content and method of the educational process and is making itself felt in a better understanding of personality and conduct values in family life. The movement aims also to extend its influence to the playground, the workshop and the community itself, with a view to eliminating the obstacles to healthy development. In its broader educational aspects the child guidance clinic has come to be a community enterprise, concerned not only with the maladjusted child and the individuals immediately

surrounding him, but with the wider application of principles of mental hygiene by various social groups

The child guidance movement will, like every other peace time activity, suffer as a result of the demands which the war has made upon everyone's energies and talents. But it would be a great tragedy indeed if the work of child-guidance clinics were very extensively curtailed, since the menace which has descended upon us brings with it the kind of dislocations in family and communal life which depend particularly upon the kind of service which the child-guidance clinics are able to furnish

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PART TWO

THE GUIDANCE OF THE NORMAL CHILD

GUIDANCE OF THE NURSERY AGE CHILD

By

LOUISE P WOODCOCK

As one looks at the tiny baby of a few weeks of age, sleeping, waking to nurse, and sleeping again, "guidance" seems an imposing term to use about him. How could one "guide" him if one tried? He seems to do assiduously and without direction, in almost all cases, just the two things he needs most to do—to sleep and eat. When then shall his guidance begin? At one year? At two? Or not until nursery school or kindergarten age?

In our present day American culture, a large number of us do, as a matter of fact, begin to "guide" our babies, almost from their first hour. We no longer, for instance, let the baby's cry of hunger determine when he shall be fed, we ask him to wait for the clock to assure us that it is time. We ask him to give up the joys of nursing in most cases while he is still deriving vast satisfaction from them. We offer him solid food of unfamiliar tastes and consistencies and push them into his mouth on a hard-edged spoon while perhaps he is still amply satisfied with milk from breast or bottle. We ask him, usually before he is quite mature enough, to control the processes of elimination.

Whether we name these interferences training or teaching or guidance, specialists in the field of babyhood patterns of behavior and later personality development tell us that the way they are carried out has a deep and important influence upon the baby. His first and basic drive in life is to get food. Hours or minutes on the clock have no meaning for him, but the experience of sharp discomfort that he suffers if food is recurrently withheld from him past hunger time to fit an adult-devised schedule may have serious effects on his later emotional attitudes, may set up in him an expectation of hardship and of the need to struggle or fight for any satisfaction he may gain.

The implications for procedure that come from such a belief are simple and logical. *the schedule should be adapted to the baby, not the baby to the schedule*. He should not be allowed to cry long before being fed. Babies of the same month and day in age may differ in their food habits. One assimilates food more rapidly than another, one takes less at each feeding. What is more, the same baby varies in needs and behavior at different times. For example, he may eat less than usual at one feeding and so become hungry sooner than expected.

Feeding schedules are useful to adults who wish to plan their time, but an over rigid conformity to them that spells recurrent privation to the baby is definitely harmful to him. The happy baby and the one most likely to develop an attitude of expecting good from the world is the one who finds enough food and finds it when he needs it. This does not mean throwing over all schedules but being flexible and responsive to the baby's needs first of all.

So closely connected with his satisfaction from food that one can hardly separate the two is the baby's enjoyment of the act of sucking, in itself. Not only has sucking been associated from his earliest hours with the relief of hunger pangs but it serves constantly at this age to give pleasure to the sensitive zones of lips and oral cavity.

When we ask the baby at seven or eight months to give up this pleasure and instead to drink from a cup or take food from a spoon, we are again arbitrarily depriving him. It is quite easy to introduce him gradually to the more mature methods of eating, by giving him a few spoonfuls of his food at a time as part of a feeding or one feeding a day in this way, while he continues to have much of his usual gratification from bottle or breast until he is reasonably prepared to give it up. A sufficiently long continuance of the sucking experience allows a child to progress with a contented feeling of readiness to more mature satisfactions. Haste, coercion, rigidity at this point leave him with unsatisfied desires that he may try to gratify with sucking of his thumb or clothing, and the danger again of developing attitudes of distrust and resistance.

Before leaving the subject of the baby's basic needs, we should mention one that was usually served quite naturally in the leisurely old days when mothers expected as a matter of course to sit down and nurse a baby that cried, until he was satisfied. This is the baby's need for loving human contact, the gestural language of protection and devotion. There is no complete substitute for the affectionate cuddling that the much loved baby enjoys as he nurses, and we believe today that the physical sensations he experiences at such times are of the greatest value toward the formation of a sound basis for his future emotional attitudes—for feelings of security and an expectation of good from the wider world. If he cannot have the breast he should still be held warmly and lovingly while he takes his bottle feeding, instead of being left lying with a minimum of physical contact while the bottle is held for him. The wholesome outlook on life, which anyone interested in guidance of children cares deeply about, has the best chance to develop in the child who has met love early in the only two languages he can understand—*satisfaction of his needs for food and oral gratification, and the physical contact of loving protective arms.*

The change from bottle or breast feeding is preparation, of course, for the baby's introduction to solid food. Most babies who are under pediatricians' care today are allowed to come gradually by way of gruels, thickened broths, and puréed vegetables to a diet containing more difficult kinds of solids. For the person introducing to a baby his first solid food in a spoon, the principal thing

is to remain relaxed and passive, let the baby decide what and how much he will take—be gentle—don't fill the spoon too full or insert it in his mouth too far or too harshly. Don't let the food be too hot. Little things become very big when they have to do with a baby's introduction to new and advanced techniques for satisfying his basic needs. A mouth burned by too hot food or tender gums bruised by careless use of a spoon in these earliest days may set up a terrified resistance very difficult to overcome.

It must be remembered too that the baby has even more right than adults to likes and dislikes in food since they are all new to him. Kinds of food that he shows a plain distaste for need not be offered a second time until he has learned to take a great many other kinds. A catholic taste in food is good to have as one grows up, but is not important at one or two or even three years old. And it will not be gained by pressure or conflict.

When the baby shows signs of wanting to take a hand himself in the business of eating, he can be given a spoon of his own. His first efforts will be inept and messy, but he should be given only encouragement in them for it is important that he enjoy the process. He can be fed with one spoon by an adult at first while he practices the new skill with another. 'Manners' and neatness should be completely ignored with these youngest children, for they only add to difficulties that are enough for them to carry.

There is another demand that many parents make on the baby too early and more for their own convenience than for his total good. In some cases before he is a year old, a baby is started on learning to control his bowel elimination. When we delayed his food or deprived him of sucking, at least we asked only his passive acceptance. Now for the first time, we ask him to participate in our scheme, we ask him, by his own efforts, to move his bowels at stated times and in situations that we dictate. Pediatricians in the past have recommended this early start and it has been found that some babies could actually learn so young. More recent thought has revised this recommendation and advises instead that such training be left until the baby shows some signs of readiness for it, such as wriggling or grunting just before moving his bowels. Then placing him on a chamber is usually successful and he comes the sooner to make the desired associations.

As in the matter of presenting solid food, the attitude of the adult is the important thing. If it is kept in mind that all this is new and quite beyond the child's understanding, that it is impossible for anyone to know with certainty just how early any individual baby is ready physiologically to control and psychologically to make the necessary associations for success in this adaptation, one will remain relaxed and undismayed by failures. The most deterrent and emotionally unhelpful attitude at this time is one of rigidity, impatience, or censure. If a few attempts prove fruitless, the whole plan can be laid aside for days or for weeks and no one will be harmed.

The same relaxed, unhurried attitude is the most beneficial in the matter

of a child's control of urination Techniques for making this learning easy include convenient clothing and toilet facilities, awareness of the child's own rhythm and anticipation of his need before it is urgent, alertness and quick action when he first gives warning signs. Congratulations when he succeeds in remaining dry are not objectionable and may be good, but they can well be casual rather than excessive to avoid the implication that a moral situation obtains. Always we should distinguish between demands that are merely cultural and those that have a really moral character.

During the learning period, a toilet accident is no more culpable than the tumbles that accompany a child's first walking steps and the sympathetic help that is given so naturally there is just as appropriate here. Shaming or humiliating a little child for any reason at all is a cruel and unfair act, and to cause him to connect guilt in any way with learning control of bodily functions is an especially stupid procedure. The secretiveness that is called "modesty" brings in again a confusing element for the learner—there is no place for it at all in this situation. To the little child, bodies and their functions are natural and good like everything else, all that adults need to do in this respect is to teach him very gradually and quite without censure what "is done" about these things in his social group.

By eighteen months, a baby may be expected to be beginning to control urination some of the time and sometimes to indicate his needs. Full control while he is awake is usually acquired before three years, with nighttime dryness not assured until a little later. Enuresis has no meaning, as a symptom of anything wrong, until well past three.

These are the milestones that mark the progress of the little child in adapting his biological processes to the demands of his society. One important principle to remember is not to present too many new things at once. When toilet training is going on, let feeding procedures remain familiar and comfortable; while he is learning to like solid food, do not change other aspects of his eating nor stress toilet problems. One thing at a time is enough.

Well before these milestones have all dropped behind, however, the little child has shown himself to be far more than a biological organism—he has come to be a very real person in a complex world of people and things and this person that he is must be understood before one can venture on the path of guiding him.

If he is healthy in body and normal in intelligence he is a young person who wants to go and to do and to see. Walking and climbing are new accomplishments and they still intrigue him. He needs space and freedom to engage in them. Because all experience is new and his senses are acute, everything that he discovers as he trots and clambers around is novel and interesting. He wants opportunity to see and taste and feel and handle and move many things of different sizes and shapes, textures and weights. He needs play materials that give him scope. Power to do, to say, and to think is surging up in him. His

babbling vocalizations stabilize themselves into words, soon his words drop into groupings that make known his observations and his feelings. Grownups are no longer needed only for practical care or loving support, he needs them too for sympathetic and responsive audience for his declarations. Impressive accomplishments these are, spectacular changes wrought in little more than a score of months, but many immaturities remain, immaturities that frustrate adults who live with him if they do not understand. For his tempo is slow, he does not know nor care what time is. Dispatch is not in him and a process is as gratifying as its result. He cannot remember long nor look far ahead. His interests are in the present time and place and activity. He cannot see or feel far outside his own concerns nor put himself in another's place.

What of his guidance now? Can society take him and like him as he is? Unfortunately many adults are in too great a hurry to have him cease being a little child and become something different. They set standards for him that are well for them but inappropriate to his stage of development. A review of some of these will clear the decks.

Pursuit of cleanliness is one of the maturer virtues in whose name many little children have had life made unnecessarily hard for them. Granted that adults must protect children from filth and germs, we should remember nevertheless that cleanliness as such is definitely a superimposed standard that has no value at all for the usual small child. Neither its health nor its aesthetic values come normally within his range of understanding or interest, and if he does adopt them as his the result is usually undesirable. A child who has been taught to be afraid of germs, since he has no perspective to give him balance, is too likely to become anxious and neurotic about clean hands. A child who is repeatedly told how nice he looks when he is clean can lose the charm of his natural selfconsciousness while fear of getting dirty at his play is certain as well to have a paralyzing effect on his activity—his exploring, discovering, experimenting and learning. A heavy price this is to pay for the aesthetic values of a perennially clean child.

Play time should include without stint all the dirt that naturally adheres to him. Current cleanings-up afterward can be an expected routine but casual and free of moral or even aesthetic weight. The smudgy face and grubby hands of an absorbedly working little child have charm and rightness of their own, for they are part of the picture of a gratified young human being. Constant scrubbing and warnings about dirt are forms of adult gratification and have little to do with the rearing of a "satisfactory" child.

Another popular standard that can well be dispensed with in the case of the very young child is "politeness." Shyness and insecurity are sufficient stumbling blocks in his relations to other people at this point, and insistence on verbal forms of politeness—conventional greetings, thanks, and farewells—demand too much from a little child whose articulate language is still a new accomplishment. He will like the guest better if he is allowed to take his own slow ways

of getting acquainted, he will receive a gift more gratefully if his eager reaching and absorbed play with it are counted as sufficient reward for the giver. And it is worthwhile to remember this, that the child who has always been treated with courtesy himself can hardly fail, if left to himself, to adopt almost unconsciously, the conventional expressions of social intercourse used in his group.

A generally good standard that can be overdone is that of independence or "self help" (this latter, a term that at one time became almost a fetish, as used about details of personal care.) In utilizing the child's own drives for activity, this standard is good but as soon as it presents rigid and unyielding demands it is bad. Independence is not just a lesson to be learned, it is a slow growth dependent on motivation and experience, and also on freedom from strain and anxiety, and on the security learned from frequent successes. To succeed more of the time than he fails builds confidence in the little child.

The sooner a child takes on the little tasks of washing and drying himself, of squeezing and hanging up his washcloth, of buttoning his own buttons, the easier his care is for adults, of course. Actually, however, there is no particular date on a small child's calendar at which he should be an arrived washcloth-hanger or buttoner of buttons. Even after he is moderately capable, the taking complete and regular responsibility for such tasks comes only with a certain maturity. A particular new task of eye-hand coordination presents a challenge at one point in his development and he works at it with concentrated effort, but when its novelty has worn off, he may no longer want to do it alone every time the occasion arises. Some of the time he wants to rest back on adults for a little help as he has in the past before he learned to do it himself. Eating alone with a spoon is one of the tasks that grow wearisome before hands have become fully adept. To proffer help at such points does not lead to dependence, further maturation will make the task more and more easy until it has become automatic. Growing up is slow but also very sure.

While some people have been especially concerned to keep children clean and some to make them independent, it has always been for the personal comfort of any person who has had children in his charge to have them "obedient." This word has had its batterings from many sides and we surely need a new name for the adaptability to our ways that we should like to win from children. "Compliance" may serve our needs better.

Let us go back to the baby just gaining control of his muscular equipment. In him one finds an example of the "obedient" child, in one sense of the word. He pats his hands together at our direction, he shows "how big is the baby," he pulls off his cap, or hands us his shoe, when we ask him to do these newly learned tricks. Why does he do them so readily? Not because he is really "obedient" but because he is suggestible. He lacks a sufficiently developed inhibitory apparatus to make him pause and consider the desirability of these moves. The learned association of word and action constitutes the stimulus and nothing prevents the response.

This compliance with adult directions is the compliance of immaturity. Fear can bring a similarly sure compliance but neither of these conditions makes a favorable basis for a child's positive response to adult requests.

If one is familiar with the transition from suggestible babyhood to self-initiating little childhood, one will not be disturbed when the first flat "no" issues from the erstwhile docile infant's lips. Those who do not are likely to meet with shocked horror what seems to be "defiance." They feel that now, for the first time, their authority is at stake and that they must go into action at once to preserve it or lose it for all time. Consequently they institute a "nip-in-the-bud" procedure and quite unnecessary conflict begins.

What is the baby really doing when he says this first "no"? Is he really resisting authority? One should realize that the concept of adult authority is not inborn in the child; he has to learn how his world is run. When he discovers that he *can* "yes" and "no" the situations he meets, he is likely at first to make his decisions right and left at his baby whim. Which decisions about his life are to be dictated by adults and which others can rest with him are matters to be learned.

The "nip-in-the-bud" technique has many faults, one is that it nips, together with the intended one, too many other buds—initiative, independence, confidence in one's sense of power to direct oneself, courage to try things out. To rest back on adults and be little again is fine to do when one wearies of being big, but to try to assert oneself and be nipped back into submission is frustrating and painful. A child must certainly be asked, after he has found his way about a bit in his social world, to comply with the greater share of the directions that are given to him, provided these are not too constant or thoughtlessly timed or inappropriate to his abilities. Kindness, love, protection, a great deal of permissiveness, flexibility where possible, calm assured firmness at the few points where this is needed—which will usually be only where physical safety is concerned—these are the keys to gaining from a very young child the ready willingness to respond positively to adult suggestions and directions that is so much more wholesome an attitude than that implied in the old stern term "obedience." A child who has not learned to accept this situation pretty comfortably by four or five years of age is either very obtuse and unaware or he has been very badly handled. At one and two and three, the lesson is still in the learning.

If we rule out then as inappropriate for stress at the nursery years "politeness" in terms of conventional words or forms, cleanliness as a virtue in itself, "modesty" in regard to the body or any of its functions, "manners" at table in terms of neatness and adeptness, obedience of the old fashioned rigid variety, independence urged at too great strain to the child, what then shall our standards be for a satisfactory nursery age child?

There are certain attitudes and attributes that can rank as genuine assets for the little child. Among these are a good appetite, an active capable body, an

eager interested mind, freedom from fear and strain, freedom from undesirable habits resulting from lack of early satisfactions, a general willingness to adapt, most of the time, to adults' requests appropriate to his age, a reasonable degree of security (for complete security cannot be hoped for) and a great deal of faith in adults, a readiness to meet new experience and progressively more mature requirements

Such standards as these will suggest ways of handling most specific problems that may come to a guidance clinic, and will also rule out certain other methods. To touch briefly on a few specific problems not considered or not completely covered previously

THUMBSUCKING

This habit will probably not begin at all if a child has had sufficient sucking experience during his babyhood. If it has been established, it is usually used as a solace—the child turns to it when he is over tired, shy, strained by too heavy demands on him, frustrated in his social or material wants. It should be ignored completely so far as his conscious attention goes, while an intelligent hunt should begin to find maturer gratifications for him—satisfying play materials like blocks, dolls, wagons, crayons, or plastilene—and points at which he can be relieved of strain. To discuss the subject with him reinforces its importance, to reprove him for it adds a feeling of guilt to the sense of lack or strain that has led him to it in the first place. With a psychological change in him, it will drop away—censure will prolong it or divert the drive to other undesirable activities. Meanwhile the habit is not a serious one at this age—it is the adults who suffer from it.

MASSTURBATION

In his exploration of everything he can reach, the baby may accidentally discover his genitals and include these in his manipulatory experimentations. This may not be repeated at all after a few accidental occurrences, but it is certain to be repeated persistently if adult concern gives it importance. It may be repeated often if the baby—all geared, as he is, for learning about things by touch—has nothing external to occupy his hands such as rattles, strings of big wooden beads, or a rubber doll. If, in time, he discovers that he can get physical gratification from handling of his body and he finds himself either devoid of occupation or frustrated or under strain, he will turn to this activity to relieve boredom or tension.

As with thumbsucking, the adults suffer more from embarrassment over it than the child does from its indulgence. The sense, however, that it is "wrong" will harm him. It should be ignored but he should be given plenty of happy activity with suitable playthings, plenty of loving assurance of his worth and his abilities. There should be too a relaxed attitude on the part of adults toward his performance of little routine tasks that are often overstressed. If the habit

persists, the child's doctor should be asked to check whether any physical cause has a bearing on the subject, if there is such cause, he will try to remove it

THE CHILD WHO RESISTS FOOD

A child who is brought to a clinic because he does not want to eat will usually (though not always—a physician may be needed to check on possible physical causes) be found with a history of undue pressure at home. Solid food may have been introduced to him too precipitately. He may have been urged to eat more than he wanted or to eat when he had no appetite because of a cold, over fatigue, a recent emotional upset or tantrum. He may have been pressed to feed himself completely as soon as he showed he could carry the spoon to his mouth with some food clinging to it. He may have been scolded for spilling or putting his hands into his plate. Little points of conflict very easily carry over into a resistance to the whole subject of eating. Occasionally a baby who has been introduced to solids at the same time that a rigorous course of toilet training has been going on becomes really confused and guilty about the things he may or may not put into his mouth. When a child seems to be emotionally disturbed about food on his own account, in contrast to being merely resistant to adult urging, the help of a psychiatrist may be needed.

Threats, punishment, blame, anxiety that he may lose weight—these are sure means of continuing a feeding difficulty. A way must be found to make eating pleasant and desirable. Feeding difficulties are far easier to prevent than to cure, but sometimes changes can be made in either diet, order of dishes, physical situation or companionship, that will help. Almost all children like some fruits and some vegetables, though they may resist others. They can be given the ones that they like and they will be nourished adequately. If dessert is popular it can be put at the beginning of the meal instead of at the end—it should never be denied. At what table, in what room, or from what dishes, or with what tools a child eats, all are unimportant details. The important thing is his learning to eat with enjoyment and also as a matter of course. The greatest need of all, however, is a completely relaxed attitude on the part of the adults in the situation. A cheerful unworried cook may have success with a child whose anxious parents have none. The fun and matter-of-fact examples before him when eating with other children at nursery school have also bettered the eating attitudes of many children.

AGGRESSIVE BEHAVIOR

For the uncivilized little human being who has barely discovered yet that other people are real or important, taking is the natural way of acquiring the things that he wants. His natural weapons when he finds his wishes frustrated are biting and hitting. The desirable vigor that gives impulse to these actions needs direction, not suppression.

An understanding that other people have desires similar to his own, a

willingness on his part to adjust to them part of the time, come slowly in the months between two and four years. Fairness and protection to the child himself, lack of heavy censure or excitement over aggression during this learning period, repeated mild explanations of the rights of the case as each arises, encouragement to use his own maturing powers of speech to express his wishes, are the most effectual means of helping him adapt to a social world.

The aggression that arises from deep seated fears or lacks in love and assurance of possible worth needs a moderate outlet for expression (with the least possible damage to other people), the while a vigorous attack is made on removing the causes.

If a child is known to have missed the cherishing and loving of a secure babyhood, the best thing to do next is to see that he begins getting something like it as soon as possible. The sooner he finds someone who is willing to give him warm personal attention and a sense that he is a loved and important human being in that person's eyes, the sooner he will begin to thrive and will cease the aggressive behavior.

TANTRUMS

Tantrums come under the same general heading as aggressive behavior. The little child's only way of protesting against a frustrating world is by crying and throwing himself around. Fatigue can lead to tantrums as well. Anything approaching the same kind of behavior on the part of the adult who is with him will aggravate the situation many fold. Rest if he is fatigued, food if he is hungry, a change of scene or activity to allow him to drop his conflict without too great loss of face or feeling of complete defeat—these are aids to the gradual reduction of tantrums rather than their establishment as a habit. Tantrums on the part of the vigorous child are natural enough at two or at three. With calm, wise handling they will drop away as he grows older.

JEALOUSY OF THE NEW BABY

The birth of another baby in his family is a disturbing factor to a child of almost any age. For the child of two or three years, it is often marked by a combination of material and social changes that are extremely hard. His mother, who perhaps has never left him overnight before, suddenly disappears from his home, leaving a void that terrifies him. Other members of the family are under strain and excitement and communicate these to him unintentionally. His crib, his bathtub, perhaps even his familiar room are given over to new purposes which soon materialize into a quite useless phenomenon to him, the new baby, who thereafter occupies a large share of the attention of his loved and familiar adults.

There is no recipe for making such an experience free of great disturbance. Certain things can mitigate its strains: more time and loving attention than ever from both parents as quickly as possible after the baby's arrival, a much

desired new toy, relaxation of standards rather than increased pressure upon him. This last is a principle too often violated. The new baby too often introduces such pressure as that expressed in the admonition, "You'll have to be a big boy now" or "Show how big and grownup you can be." Actually, of course, growing up can have only transient charms while the newcomer is seen basking in the joys of nursing, cuddling, and babyplay that the older child has only recently given up and craves now all the more. Adults who expect and can meet with loving understanding such manifestations as relapses into toilet accidents, thumbsucking, crying, demands for help, and an increase of aggression toward other children or adults will help a child through the first shocks of a hard at best situation without censure or aggravation of the trouble.

It is probably well to prepare a child a little before the baby's arrival but one should not deceive oneself that he will understand all its implications for himself or that he will be spared more than a small part of the blow. The best one can do is to protect him as far as is humanly possible against the feeling that he himself is less loved than before.

FEARS

If the little child's basic security is protected, in terms of family love, adequate nourishment, and protection, he is less likely to develop fears in regard to the outer world, darkness, strange people or places. Potentially, however, all that is unfamiliar is to be feared. Only repeated experiences of new things being good will build in him the expectation that the next new thing will be so too. Fears that do arise should never be scoffed at or ignored. They may be deepseated and serious and have far-reaching results. Reassurance and help and protection should be given until with age and experience they can be overcome.

As for fears that are deliberately planted, threats are one of the cruelest sins¹ that can be committed toward children, and that of not loving them any more is probably the most devastating. No matter what he may do, one must always be sure that a little child knows he will always be loved.

* * *

The aims of guidance, then, in respect to the nursery age child are three-fold: *first*, to help him feel at home in the world, loved, safe, and belonging, *second*, to help him develop all his potentialities for understanding, participating, and enjoying that world, *third*, to help him adapt comfortably and with as little strain as possible to the cultural demands of the group to which he belongs.

Two things are vital to remember. One is his immaturity and his need to live fully through each stage as he reaches it, in order to be the more ready to step off without anxiety or regret to the one ahead. A happy wholesome one-year-old is a fine thing to be at one year of age. If he is a good, upstanding three-year-old at three, that is enough, he need not act like a four or a five-year-old. The second thing to remember is his great dependence on adult affection and

approval, on the assurance that the grownups to whom he belongs will always be there loving him when he needs to turn to them. Without this assurance he cannot develop the resources for joy and creation that are native to him.

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KINDERGARTEN GUIDANCE

By

MARGARET MOUNTAIN WAGNER

FOR many years in American education the kindergarten has been the child's introduction to school and even to society. Within recent years, a small number of children have had the advantages of nursery school, but their number is still so small as to be the exception rather than the rule. This small group has many advantages, since its members have become adjusted to school life. Concerning the other children, we may ask what influences have been most effective before school entrance and what readiness has the child to enter a group of his peers? The kindergarten teacher's first step in guiding her children must be to answer these fundamental questions. Each child has many individual differences, but a few generalizations are possible.

Until the child is ready for kindergarten, his life has been centered at home, under the guidance of his mother or a mother substitute. He has lacked opportunities to play with a group of children his own age in an environment created for him under the guidance of a well informed and sympathetic teacher. Many of his potentialities are undiscovered and often he is a very dependent person. The speed with which the school will be able to enrich his growth will depend somewhat upon the conditions of his entrance. Too often schools neglect to translate into functional terms what we know of the nature of children and parents.

Family patterns are varied, and children differ accordingly but there are several ever present types which come immediately to mind. There is the over-protected child, the neglected one, and the child who has a secure, wholesome, and normal relation with his parents. In order for the teacher to further the growth of a child, she must consider the parents as well as the child, and strive to enlist their assistance and cooperation. To secure mutual understanding and respect, there must be a constant sharing of ideas and information.

First of all let us consider the over-protected child. Many mothers devote the major part of their time to a child until he is ready for school. They attend to his physical needs, or so carefully supervise them that there is little difference. They amuse him, give him as many toys as possible, select his occasional playmate, make him definitely dependent for his whole sense of security. Suddenly

he is old enough to go to school. In order not to worry him, and partly because the mother is unprepared to face a separation, school is not built up as a happy adventure. The first day of school arrives, and the mother is upset because she must trust her child to an unknown teacher. This child whose whole security is dependent upon one adult is suddenly placed in a strange situation under a strange adult. It is a terrifying experience and he dislikes school. Days or weeks may be required to help the child feel secure. This is avoided by more careful planning. An interview between the mother and teacher allows them to become friends, each giving help to the other in the understanding of the child. The mother then becomes part of the school situation and loses her sense of separation by identifying herself with the teacher. On the teacher's part, the contact with the child's home gives information invaluable to her in finding the child's urgent needs. Later the mother and child might visit the classroom together while the teacher is present. Plans may be made for mothers and children either individually or in small groups to have this opportunity. In this way, the child may sense a friendliness between his mother and teacher, and stay long enough to become somewhat familiar with the room and its surroundings. Thus the teacher has an opportunity to make her first contact with a child who is at ease and unafraid. It is evident that a single visit will not suffice for all children, but even if schedules make only one such day possible some gains will be made. Certainly the number of difficult adjustments are decreased, and both children and teacher are given a more favorable beginning.

Secondly, there is the child neglected by his mother. When a child has been neglected either physically or emotionally until he is four or five years of age, he is often suspicious of affection and consideration from all adults, and may have developed unfavorable habits of aggression or retirement. At an interview, the teacher often detects this kind of mother-child relationship and is prepared for the child. A visit to school by mother and child will help all three and will surely afford the teacher a valuable observation period which may lead to an understanding of the reason for the mother's neglect. Is it rejection, or is it merely pressure of home cares, a career, or a sense of failure because she does not understand the child? Whatever the reason, the life of the child is affected, and therefore the teacher is concerned.

Thirdly, some children have sane, normal relations with parents. When a mother and child have a relationship of friendship, understanding, and love, each is richer for the experience, and usually each is capable of adjustment to new situations. At the time of the interview with such a mother, and later during the visit of the mother and child, a teacher finds those children who are ready for group experience. These are the children who will soon form the nucleus for group activities.

The cases outlined above serve only to illustrate three major classifications and usually no child or mother is quite as typical as the presentations. There are as many gradations as there are children. The examples are only to high-

light the values to the child of an introduction to school life made as easy and adequate as possible. Further, the presentations omit the father's rôle, not because this is unimportant but rather for reasons of usual practice. In the great majority of cases in our present culture, the mother is the parent expected to undertake such duties. Often, therefore the teacher must learn of the father indirectly. This is unfortunate, for frequently he is the person who most strongly affects both the mother and the child. Whenever it is possible to have him included in either the interview or the visit or both, gains are made of inestimable worth.

Many school administrators realize the full value of a program which allows the parents, children, and teacher to become acquainted before school opens and have provided for it. There are variations throughout the country. In ideal situations, the kindergarten teachers spend the first two weeks of school visiting the families of the children enrolled. In other communities, the teacher is in her classroom several days before school opens to receive parents and children informally. In still other school systems, no provision is made for the teacher to see either the children or parents at the time of enrollment or thereafter until the first day of school, when all the children arrive. Many reasons are given for this deplorable situation. In some communities, school boards are wholly unaware of the problems facing young children, and are even unfriendly to the idea of maintaining a kindergarten. They have no knowledge of the effect of a period of insecurity upon a child's life and would readily condemn a teacher as inadequate to hold her position if she attempted to present the need for such a program. In some communities, where state aid to education is computed upon daily attendance, the community would lose part of the money to which it is entitled by such a program. In spite of these difficulties, some enlightened administrators are demonstrating the importance of the relationship between home, school, and community, and are pioneering in programs which give encouragement to others to experiment. Many teachers are willing and in fact are returning from summer vacations a week early to carry through such programs where principals and other administrators are cooperative.

No guidance program in the kindergarten may be undertaken until the child is known. His family has been the greatest influence until this point, indeed will continue to be so for years. The only difference is that now for a few hours each day another influence, namely the school's, will be operating. What then, does the teacher want to know of the family background in order to understand a child and to help him meet his needs? The information which can be gathered at an interview should concern the socio economic level of the family, the acceptance of the present level or a discontent with it, the security of the income, the recent financial gains or difficulties, the nationality and religion, the racial prejudices, the health history of the family and of this child in particular, the number of children in the family and the position of this child in relation to age; the influences of other relatives, and the esteem

in which this child is held in the family. More difficult to discover, but often suggested even at a first interview are the ideas of authoritarian rule and free dom, the degree of harmony between mother, father and children, the home activities, the dominating parent, if there be one, and the parent's expectations of the school.

In another equally important category the teacher must discover how independent is this child in physical routines, of what is he afraid, what does he like to do, which are his favorite stories, has his behavior changed recently, is he looking forward to school with pleasure or is he afraid of the experience, and has he any special friend entering the group with him?

With this information, the teacher begins to see the child as the individual he is, and plans to have something of special interest ready for him the first day. As he plays, she observes and guides him toward satisfying experiences. It is partly in order to afford the teacher the opportunity to study her children while they use various materials and equipment that such great emphasis is placed upon preparing the environment of the kindergarten room. The growth needs of these young children are considered carefully, their interests, needs, and ability to do something successfully determine the selection of each item placed in the room. Much variety is needed to help different types of children.

Thus a guidance program starts with the interview between parent and teacher, and its success depends largely upon the contact made in this initial interview. The mother is often made to feel more secure when the teacher tells her that many children display the same behaviors as the ones worrying her, they are part of growth. The teacher who lives each day with her children realizes that some aggressive behaviors are forms of experimentation with social contacts; that some destruction occurs when children manipulate things because they are curious about the construction of an article. The teacher can explain simply to the mother that such behaviors should not cause disturbance and that they occur only because the child lacks our adult fund of information and experience. School will help him to get these necessary experiences, to learn more constructive social contacts and more creative ways of handling materials. To the young teacher particularly, it comes as a surprise to discover how much of the mother's anxiety is overcome in so simple a manner. It seems almost unnecessary to say here that all problems are not solved so easily, but often it is wise to begin on this premise in order to build the parent's security. All those who work with young children realize the importance of the parent's attitude as a first step to reach the child.

In order to accomplish the desired results in guidance the kindergarten teacher must be especially equipped to deal effectively not only with children but with their parents. No teacher who is insecure herself can hope to do her best work. Her development must be sound, she must be emotionally mature, and enjoy people. Her knowledge of child development must be broad and include not only an understanding of how children grow, the hazards and

hurdles of various ages, but also the variations within each group. It is promising to note that young student teachers are studying in the field of mental hygiene, and older, more experienced teachers are showing increased interest in the field. While a teacher must know what contributions are made through clinical psychology and psychiatry, she must realize also her inability to use these techniques. A wise teacher knows when to refer either parents or children for such treatment.

There still exists some confusion about the work which the classroom teacher can do. Unfortunately, some kindergartens are still static places for children. The work is directed and the children are taught to follow definite programs from one activity to the next with little choice allowed. In these kindergartens, the teacher has little opportunity to observe her children in free situations where chances are given for spontaneous reactions to people and things. It will be some time yet before all of these groups have changed, but on the other side of the balance sheet, there are encouraging statistics of progress in the schools. The change of emphasis from kindergarten activities and programs to child development means greater emphasis upon meeting the growth needs of individual children. Activities and program serve as aids, not as ends in themselves. In a kindergarten room, where child development is stressed, the children are active, each child making choices among the activities, each child relaxed so that the teacher may know him better. There is opportunity for many spontaneous reactions.

The teacher in the modern kindergarten is alert to guide each child toward better social adjustment, emotional security, good physical activity, problem solving, and creative use of materials. Here a foundation is laid for the child's feeling of importance, for satisfying activity, for learning through doing. When groups are flexible and selection of activities the usual routine among the children, greater opportunity is afforded for each child to do his best where he can. Competition is almost automatically eliminated, the feeling of failure decreased immensely and feelings of inferiority reduced to a minimum. The teacher understands that these goals are important and that whatever program allows each child to feel secure and relaxed and to make a contribution to the group serves the needs of all the children.

The feelings of frustration which children develop because they are attempting to reach goals for which they are not ready often build a feeling of failure about all work at school. The children thus affected become the bullies, the truants, the discipline problems, and in extreme cases the delinquents. Opposed to these serious consequences, a fair start in school life gives self-confidence, courage, friendliness, and power to work toward being a good citizen in the school and community. Parents readily take pride in the latter child and offer the sympathetic encouragement needed for a genuine sense of security. The parents of the former child are displeased with him and tend to aggravate the condition by scolding and punishment for failure to perform unjustly directed tasks.

adequately. In some cases, the resentment against the child grows to resentment of the school and other community agencies.

For the superior child who is sometimes frustrated by tasks too easy for him, the new program of child development offers opportunity to avoid boredom, day dreaming, and retirement from a world of reality. A modern teacher guides him to exciting adventure in carrying through his interests, to make his information functional, and to further feelings of companionship and importance to the group. In this manner, the social life of the child is increased through gaining respect for himself, and others and his emotional life made more stable by developing constructive interests. Thus a potential leader of society is learning tolerance, patience and respect for his fellow citizens.

School programs have tended to make provision for dull and bright children, often based upon the results of intelligence tests. There is some advance in this, but not sufficient. For the young child, many personality difficulties must be taken into consideration. We hear much these days of guiding the whole child, but it requires skill and artistry in teaching to translate this theory into daily living. There are some superior children who are so insecure that their behavior shows little evidence of fine intelligence. There are some dull or average children who have been more fortunate, and while young, show evidence of good social adjustment and emotional stability. For these reasons they are expected to have high intelligence. This is not necessarily so, as many case histories indicate. A mistake in judgment with these children may lead to the formation of poor habits and to loss of original assets.

There are other misconceptions which delay effective guidance for each child. Many people feel that the children from economically privileged homes escape the hazards of childhood. A great number of these children are well fed, physically sound, and adequately clothed. Their physical needs, therefore, are usually well met. It is necessary to remember, however, that these do not represent the full life of a child, and those who work with this group know that the emotional and social lives of these children can be pathetically disturbed.

For all groups certain primary needs must be satisfied. These needs are too fundamental to daily living to allow of their being solved by the school alone. The child is part of society, and so his needs are those of society. All agencies of the community must cooperate to give him a fair start in life. The school, however, is the one agency through which all children pass, and therefore its rôle is of supreme importance. When the school has a philosophy of community cooperation, it can serve to unify all agencies for the benefit of its citizens, children and their parents.

In the urban groups where poverty, crowding and ill health prevent normal living, the teacher must meet many problems at once. Children from such homes are undernourished, insecure and nervous. A teacher in this community must know what services are available and help her children to benefit from them. She must secure advice from the doctor and nurse to guide her toward

building strong bodies. She must arrange for nourishing food to be served early in the day and plan for rest periods that are quiet and long enough to refresh the children. She must plan for activities well within the abilities of the children in order to avoid tension at school. The story of Miss T will encourage those who work with this type of group.

When Miss T received an appointment to a public school in a large city, she expected to undertake a normal kindergarten program. The appointment was in one of the most overcrowded and poorest sections of the city. When she arrived the first day, she found about forty children, poorly clothed, practically all of them undernourished or obese. As she started living with them, the children soon became two groups, the noisy, aggressive children and the shy, tearful ones. In order to understand the children better, she planned a mothers meeting and invited her group for tea at three-fifteen. Three mothers came, two of them belligerent and ready to defend the misbehavior of their children, the third one frightened and expecting to hear the worst. From this small group she heard the details of the life of the community. These were the privileged mothers of the group, probably because they stayed at home. Over tea cups many problems were presented which convinced Miss T that the problem was too great for her to solve alone, and she looked for help. The principal was new and anxious to help the community. Between the principal and teacher, the services of a social case worker were enlisted and plans made.

Each day this group started with toilet and washing routines, then cocoa and graham crackers were served. After some play in the room a rest period of an hour was scheduled, followed by another play period. At lunch time, almost all the children stayed for the free lunch at school. A section of the lunch room was reserved for these young children where the teacher and several older students supervised them. An afternoon nap followed and then play out of doors, weather permitting. It was months before anything like a normal kindergarten program was followed. Mothers visited any time they could, but the teacher was welcome to visit only six homes that first year. These children were examined by a doctor, given remedial treatment and enjoyed school. During the year, all children learned to sleep at school and in the spring it was possible to shorten the morning rest period. Not many skills were acquired, the work of the children was crude, but the spirit of the room was pleasant and relaxed. Many of these children went to a charity camp the following summer for a two weeks period. The first grade teacher reported at the end of the second year that more of these children learned to read than in any other group during her eleven years at the school.

These children presented extremely urgent needs for food, rest, quiet, and suitable activities. If these fundamental needs had not been met, no adequate help could have been given. When a teacher is faced with so dramatic a situa-

tion, great progress can be noted. There are, however, more subtle cases that call for different techniques and longer periods of guidance.

In the case of Tommy, two years were required to adjust his difficulties, even partially. He came from a home of moderate wealth, his mother was a Phi Beta Kappa graduate of a leading women's college in the East and his father was a lawyer. The mother had selected the school with considerable care and was always cooperative in the matter of conferences. Tommy was a tall, lanky child who lacked physical coordination. He was alert and observing, had a superior vocabulary, loved music, sang well, enjoyed dramatics. He reasoned well, and solved simple problems of construction efficiently. He rarely used paints, did not enter rhythms periods often, and when he did, usually disrupted them. He preferred wagons and blocks to climbing apparatus on the roof. He was friendly, and the children liked him, but he usually played alone or with a small group. Despite this evidence of a superior mental development, the teacher was worried by manifestations of his disturbed state. Frequently he showed signs of nervous tension by flinging his arms around wildly and jerking his head. At other times, he would throw himself on the floor and kick his legs, fling his arms, and roll from side to side. This was not done in temper, but occurred when he became excited. It was even accompanied by laughter. The teacher tried several techniques—more frequent rest periods, activities which occupied his attention, encouragement to climb and much quiet praise. He was allowed to be the leader during both the music and story telling periods. The signs of nervous strain continued, however. His home routines were reported good, except for eating. Visits to the home showed much care in providing for the child, but an inability on his part to be satisfied with his own possessions. These visits helped to uncover part of the trouble. When Tommy's father was present the signs of nervous strain were greatest, and his father continually asked him to be quiet and complained of his behaviors. This aggravated the situation.

The teacher and administrators of the school finally decided that there were difficulties here beyond their abilities, and further, that in the small community of the school, the parents would never feel free enough to be quite candid. The school, therefore, suggested a psychiatrist and the parents agreed. The outcome of studies and investigations revealed that the father was utterly ashamed of his son, was certain that he was a failure and would one day disgrace himself and the family. Respect was built for the child in the father's opinion by assurance that the child was unusually bright, work which the child did in poetry and music was exhibited at school for the father. Subjects on which the child was well informed were introduced for conversation, Saturday afternoons which the father devoted to his son were spent making things, listening to music or taking definite trips. After several months, a new relationship began to be established and the father felt pride in some of the things the child could do, but continued to reject him upon occasion. When summer came,

plans were made for the family to go to the country at a distance which made frequent contacts between father and son impossible. Instead of a nurse, a student in child development was engaged early enough to have some opportunity to work with the psychiatrist. The father's visits were carefully planned. By fall, progress was noted in the friendly relation between father and son. The father found some reasons for praise and Tommy showed fewer signs of nervous tension. When the new term began, another school was selected which offered swimming, bicycling and more active sports as part of the regular program. Work in the tool subjects was started and Tommy excelled in all, save handwriting. He soon read books graded beyond his years and at last the father saw achievement he understood, and was able to give sincere praise to his son. During that year Tommy's physical coordinations improved to a point where they were normal and the nervous strain almost disappeared.

Again, this is a spectacular case because there was room for great improvement, and the family had the help of a psychiatrist. In the case of Susan the progress was slower. Susan came to school at four years of age, a vivacious little girl who won friends easily. She was generous, alert and had superior mentality. She handled all her routines well. At first she seemed an easy child to guide. After some time, however, the teacher noticed that in her play with dolls, she took great delight in spanking them to an extent that left her excited. Upon other occasions, as Susan became more secure at school, she would watch for opportunities to hurt another child. Finally the teacher noticed at some rest periods that she masturbated. She was fond of her parents, had a good home, and was well cared for physically. In studying the case, the teacher found that Susan spent most of the time with a strict governess because her mother was a writer. When with her mother, Susan had greater freedom and less stress was placed upon conventional manners, attention to routines and quiet behavior. These periods of fun usually came before bedtime and it was the governess who came to take Susan away from the mother. Many times she rebelled, and sleep was delayed for an hour or two.

The teacher tried to induce this mother to engage a younger, more carefree governess, but the mother was unwilling to do this. As the year progressed, the teacher attempted to help the governess but she was opposed to the school's point of view as one which spoiled children. To her mind, all children must do as they are told and obey orders when and as given. Some adjustments were tried at home. The mother put Susan to bed and spent some time with her, but was not willing to stay until she went to sleep. After Christmas vacation Susan showed increased evidence of strain and a decreasing interest span. She lost part of her popularity with the children and developed the habit of crying. When Easter vacation came, the teacher had definite evidence that Susan had lost her place in group leadership, and was retiring into an imaginary world. She made up quite fanciful tales about herself which at first the mother considered interesting. A plan was suggested to have a young person with Susan

for the holidays while the governess had a vacation Susan returned to school somewhat relaxed, but no permanent progress was made because of the return of the governess It was during the summer vacation, when the mother became worried about Susan's masturbation that the necessary change came The governess left and the mother spent a month with the child When school opened in the fall, the teacher had a difficult time to persuade the mother that the masturbation habit would probably disappear since Susan's major conflict was over It took a full school year to make all the adjustments necessary to help Susan and her mother, but a follow up on the case shows Susan again a leader of her group and a mother at ease about her child

In the case of Tommy, the father was not fully convinced of the child's potentialities until there was evidence of superior ability in reading This was progress that the father understood and therefore he believed his son would be a success From that point forward, it was easier for him to accept his child with pride In Susan's case, the mother did not understand why the teacher was so concerned. Until the masturbation habit worried this mother, all other behaviors which indicated nervous tension were misunderstood and misinterpreted Both these parents were intelligent, well educated people who illustrate how grossly unaware of a child's needs parents can be The children illustrate the serious consequences of prolonged rejection or conflict of authority

The number of cases are legion which might be recorded to show the necessity for understanding all phases of a child's life Behaviors at school may indicate difficulties which often are no part of school life Unless the teacher is patient and skilled, these troublesome behaviors at school are glossed over, but not solved for the child When left unrecognized, they increase in intensity and become more complex More serious manifestations occur, and bad habits become more difficult to overcome When the underlying causes for a child's disturbed state are not discovered early, he finds more ways to conceal his confusions in developing pathological shyness or aggressiveness These behaviors continue until the causes are found and remedied as far as possible Thus the kindergarten is a valuable asset to the school and community, if this period of the child's life is used for adjustment to society, to a diagnosis and remedial care of his personality difficulties.

Every child has some fundamental needs without which he cannot become an effective citizen Some of these are good health, a fundamental sense of security, a belongingness, a similarity to other children, and many interests which are meaningful to him Troublesome behaviors at school usually indicate that one or several of these fundamental needs are not satisfied. A strong guidance program must persist until the causes of negative behaviors are found and remedial measures taken, only then may the guidance program take on a different tone, namely that of developing those capacities and interests which produce a readiness and ability for growth and positive learnings

This chapter endeavors to show that parents, teachers and community must

work together in order to provide an adequate beginning of school life for the child The impact of present social problems are felt by children, but not understood, A society which neglects to provide proper food, clothing, shelter and opportunity for creative activities under proper guidance for its children is neglecting its responsibilities and will pay for such neglect in money and human resources The kindergarten is at present the first step into society for children and therefore carries the burden for adjustment When the guidance program in the kindergarten is carried through carefully, the work of future teachers is made more meaningful In these first contacts by parents and children with the school will be built a basis for lasting understanding or antagonism During the kindergarten period, it is more possible to enlist the interest of parents than at any other time during the child's life This is fortunate because the help given to young children is definitely dependent upon the parents and teachers working together In fact the primary responsibility for the child's adjustment must rest with the home and kindergarten Through cooperative effort on the part of these two influences in the child's life, a fair beginning is made toward building fine citizens for the future

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GUIDANCE OF THE ELEMENTARY SCHOOL AGE

By

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THERE are people, in each generation, with brave intelligence and with conviction who advocate democracy in family affairs, and there are parents and teachers who practice it. The rank and file of people who are not ready to practice democratic living in the home or in the school confuse the issue by talking democracy while practicing authoritarianism in their relationships with children. In time they strip the words themselves of much of their meaning and force. Worn out language makes shabby thinking, and persons who use it loosely are likely to take its meanings lightly. We must recognize the differences between democratic and authoritarian government in the family and in the school if we hope to preserve and develop democracy in our political government. As parents and as teachers we must refuse to rely upon the authority of age and seek rather to make democracy work in the home and in the school.

The war has made it imperative that we clarify our values in personality development. What behavior is important for our children? What behavior do they need to be learning in the home and in the school in order that they may, in due time, carry on the democratic form of national government? What experiences can enable them to develop into responsible adults in a world that has become so complex that the peace, happiness, health and even life of the people in our own country are determined by rapidly changing conditions all over the world?

It is important that they begin early to recognize the relationship between what they do and what others do, both that their conduct affects others and that what others do affects them, either limiting or depriving one another of opportunity and encouragement or providing one another with them. The actuality of this interdependence is the primary learning for children in a democracy. It makes most worthwhile now as children every day living in the home, the school and the neighborhood, and later as youth and adults in the larger affairs in which they will engage.

Child guidance should help a child grow daily in his appreciation of this interrelationship, in his abilities to recognize cause and effect at work in his world of affairs, to anticipate the consequences of his own actions and to

choose his behavior according to the consequences for which he prefers to be responsible

In helping a child grow in responsibility for his action and for the action of others, an adult may exert authority, even severe pressure on occasion. Whether he shall use pressure, how much and of what variety are all in answer to the question "What will enable the child to become more capable of managing his own affairs in relation to the affairs of other people?"

It is important that adults be able to predict what guidance will help each individual child to meet his particular needs so that he can become increasingly self-directive in his affairs and responsible for them and their consequences. That predictability can in time be gained by sufficient observation of guidance practices under varied conditions and their consequences in child behavior.

We can then define three problems of child guidance:

- 1 To determine the objectives in terms of behavior — the kinds of behavior that are effective in democratic living at any age,
- 2 To determine the means for attaining these objectives — the conditions which child guidance provides, that promote such behavior, and
- 3 To determine the relationship between the means and the ends — the predictable outcomes in child behavior from certain types of guidance.

An attempt has been made to state tentatively some of these relationships. They are called principles of child guidance because a given kind of guidance tends under certain circumstances to get a given kind of child behavior, more of that guidance tends to get more of that kind of behavior and less of that guidance yields less of that kind of behavior.

Four key principles seem to include the commonly observed guidance procedures. These four seem to be at work in various combinations in all guidance, they may be simply four phases in the constellation of influences which we call child guidance. They are given below in what seems to be the order of their basic value to the child. They are stated briefly in general terms that include a wide variety of guidance procedures and practices and a wide variety of specific child behavior.

Affection	tends to develop	Sense of value as a person
Respect	tends to develop	Confidence in one's ability to do
Help	tends to develop	Assurance that others will supplement his effort as needed
Approval	tends to develop	Encouragement and direction in his effort and recognition of his achievement

All four of these principles are probably operating in most of the child's experiences, but sometimes one or another is especially important to him. They

will be taken up one at a time, described more fully, and several principles will be stated under each of these key principles

Affection of members of the family, neighborhood or school group gives a child a feeling of belongingness and of personal worth that results in a sense of security. If he is sure enough of being liked, he can be natural and carefree and ready to learn even from his mistakes. Adults can express affection for the child and can foster its expression from other children in various forms.

In whatever way the adult may express affection, his guidance is of two varieties. He may express his personal liking for the child, he may express his pleasure in sharing the child's world with him. Therefore two principles are stated under the key principle of affection.

The obvious expression of liking, the sympathetic understanding or tenderness, deepens the child's sense of security. It is especially valuable to him when he lacks faith in himself as a person. This lack of faith may be expressed as timidity, anxiety, tenseness, excitability, or deviltry, and security enables him to become his own natural self.

Although children of school age may assume a "don't care" or "hands off" attitude regarding any demonstration of affection, they need and want assured affection. Under circumstances, such as illness, they reveal their pleasure in the caress or kiss they have gruffly disdained. Frequently recurring illnesses of childhood are remembered by many an adult as opportunities for welcome affection. The child who is told that he is too big to sit on his parent's lap or who thinks he has outgrown "such baby ways" appreciates the cuddling which comes with convalescence from an illness. One wonders if exaggerated demonstration of affection as petting and necking is not in part due to the taboo on affection for children.

Wise guidance finds ways of supplying the need for affection of the school age child within the limits his dignity demands.

Expression of active interest in what the child is doing, and doing it with him adds the personal pleasure of sharing to whatever satisfaction he is deriving from his activity and achievement. This may strengthen or prolong the child's interest in activities already pleasurable, may retain his interest until he can complete a long or difficult or disliked activity, or may develop his interest in a new activity.

Respect for the child's abilities and capacities builds his own self respect and sense of adequacy, his confidence in his ability to do and to learn. The adult can express his feeling of respect for the child's present and potential development in various ways. Six principles are stated under the key principle of respect.

Watching and waiting before helping gives the child an opportunity to meet the situation on his own initiative. If, then, help is needed it is more likely to be suitable and acceptable.

Ignoring the child's questionable or undesirable behavior and directing him to acceptable behavior provide him an opportunity for achievement and approval. If he is under strain, is doing less well than usual, or has made a mistake, the adult's confidence in him restores his waning confidence in himself.

Encouraging a child to choose his own action, provided he can anticipate what is likely to follow in either event, develops his intelligent responsibility for the consequence of his action. If the child does not feel equal to a situation because it is confusing or difficult or unpleasant, an adult can simplify the situation by stating simple alternatives, each of which is satisfactory. The adult's respect for the child's choice challenges his self-respect and he is likely to respond promptly and to follow through on the line of his choice, with the happy result that he discovers that he can cope with the situation after all.

In many situations where there are natural and obvious alternatives, when the adult states these in terms of the child's choice, he expresses respect for the child's preference and thereby adds to the child's confidence in the value of his own judgment.

Explaining the reason for his own and the adult's behavior enables the child to think about the situation, understand it, at least in part, and later to do similar reasoning himself. If the child is asked to adjust to changes in his usual way of doing things or shows surprise at the turn of events, the adult's respect for his ability to understand the explanation brings his effort up to capacity. If he is faced with more than is comfortable or easy or with an unpleasant task, the respectful explanation tends to make it worth his while to put forth unusual effort.

Planning ahead with him enables a child to foresee what is going to happen and to know what will be expected of him. As a result of planning together some event of special interest or some group enterprise, the child may get greater pleasure from it when it occurs. By sharing the planning about a new or different activity, the child may build a readiness which makes for his success and satisfaction when the time comes. By planning ahead about the necessary activities expected of him, the child can manage to get them in to his day with the least interruption and inconvenience. He is likely to appreciate the adult's respect for his free time, and in response is willing to comply and cooperate on the plan.

Acknowledging the adult's own mistakes pays a tribute to the child's understanding, raises his self-esteem, clears his confusion and may bring forth greater effort. If the child has been hurt or his feelings have been hurt as a result of the adult's mistake, he realizes the hurt

was not intentional and he rises to the occasion at the mature level suggested by the adult's frankness

Help leads to the child's ever increasing ability through learning. As a rule the child profits most from just enough of the right kind of help to insure his success with meaning and satisfaction—with meaning enough so he can repeat, and with satisfaction enough so he will want to do so. At least five principles come under this key principle of help.

Preparing in advance for the child's success and then confidently directing his interest toward achievement get the best results from any effort he puts forth. Because the conditions are inviting and favorable, he is likely to respond suitably even though he may be uncertain, timid, unskilful, distracted or in difficulty. Also if the child has shown emerging capacity or expressed a special interest, he may gain new learning rapidly because the stage is carefully set to bring him satisfaction for early effort.

Giving help as it may be needed during an undertaking and otherwise leaving the child alone get an optimum of independence in his performance. If he has mechanical difficulty in handling material or equipment, the help can thus be very specific and limited. If he is puzzled over certain details in a new situation, the help can be pointed and meaningful so that he can proceed independently. If he gets distracted or tends to avoid certain details, the help can be just enough to recall him to the undertaking. He is learning from his own effort under this principle of guidance. The effort is supplemented wherever it is weak, whether in skill, in meaning or in desire, just enough to enable him to continue on his own.

Giving more help than is required to finish a difficult or unpleasant undertaking makes it satisfying. Even though the child could and would stick to the undertaking and eventually succeed, he might forfeit the zest that comes from achievement with reasonable effort. If the adult can offer help inconspicuously so that it is acceptable, the child may be ready to tackle the situation again with zest.

Beginning with slight pressure and steadily increasing (introducing more specific directions one step after another as needed) reinforces self direction with enough adult direction to secure achievement in the undertaking. The slight pressure gives the child the chance to take over for himself as soon as he clears his confusion or makes up his mind to tackle the disliked undertaking. The steady increase of pressure carries him along far enough with the undertaking to insure that he can and will carry on by himself.

Beginning with strong pressure and steadily decreasing (withdrawing little by little as the child proceeds independently) gives him recognition for his effort. If the chances are that it will take consider-

able pressure to get the child to carry on the undertaking by himself, it may be better to start with strong enough pressure to leave no doubt in his mind as to what is expected of him, and then as soon as he shows compliance the pressure can be reduced.

Approval leads to recognition and appreciation of achievement. Three principles are stated under this key principle of approval, although all three may be operative at the same time.

General approval by giving sanction and expressing appreciation encourages continued activity, any activity in which the child may be engaged. Such a phrase as "That's right" may come to have an encouraging effect because it has been associated so often with satisfying experiences. It may therefore be sufficient to maintain the child's effort in a new desirable activity or in a faltering stage of a familiar one.

Specific approval calls attention to the particular behavior it is desired the child shall repeat, and labels it for him. If he is uncertain what brings the desired result or whether he is doing well or ill, especially if he is putting forth considerable effort, the specific approval for that particular behavior makes him understand how he succeeds. He can succeed better next time.

Qualifying approval calls attention to some quality in his behavior on this occasion which is common to his behavior on other occasions, and labels it. These qualifying terms are the labels for his improvement, for example, the phrase "All right," means a perfect score whether it be applied to his numbering problems, spelling words, or geography questions. Also he works at various undertakings "promptly" or "quietly" or "all by himself."

These principles of child guidance have been observed to work both at home and at school when the relationships among the family or school group are informal and natural. Inevitably their use is limited under a coercive regime when the adults in charge circumscribe the child with arbitrary rules or dictate what his activities should be.

One group of teachers who came from several adjacent counties studied together to organize their public school classes, ranging from kindergarten through the fourth grade, on a self-directive program. They studied the courses of study to see which learnings they could provide the children opportunity to acquire on their own initiative. They planned for individual skill activities, group games of skill, and constructive, dramatic and nature projects. They observed the interests of their children and selected and organized their materials around these interests. Gradually they introduced more and more freedom of choice until the group of children were able to carry on their own activities all day long with a minimum of adult direction.

Children have to be active, and these teachers fitted their classrooms with equipment and material which suggested many worthwhile activities and sug-

gested very few activities that were not desirable. Many of the learning materials were planned on a scale of difficulty so that each child could get a fair measure of success for his effort. These materials were made self checking and self corrective, i.e., they checked a child as he started to make an error and they showed him when he was correct. Such materials prevented the children learning errors and made it possible for them to work long periods independently or with a minimum of adult direction. Such a setting in the classroom enables children to learn in school as they learn out of school.

In order to provide a stimulating learning situation in any school or home the adults need to know enough about children in general to interpret their own children's behavior. They need to recognize their children's current abilities and interests and provide for the adequate expression of these. Also they need to foresee the abilities and interests the children will be likely to have so that they foster the development of these. Indirect guidance fills a child's environment with simple materials to stimulate the particular interests and abilities for his current stage of development and to encourage new interests and abilities to develop. In such an environment the principles of child guidance produce optimum results—but varied among a variety of children.

In an experiment in a school organized for self-direction, there were always some children who kept themselves busily and constructively at work. And there were always some children in each age group who frequently sought from the adult either direction or suggestion. The important thing for child guidance is to provide opportunity and encouragement for each child to direct his own activity more and more on his own initiative and responsibility. It is the "more and more" that counts. Some children will profitably take more initiative and responsibility than others—and probably all their lives will take the lead. So be it. Guidance is responsible to provide the opportunity for each child to keep growing within his own capacities.

The test of these principles of guidance is in practice. Do the children who have been brought up under them tend to continue the democratic way of living in the family group, the school group, the neighborhood and community group? Have these principles, in other words, helped them to a design for living whereby they seek to understand the meanings in behavior, and to seek their satisfactions in ways that add to the well being of others?

In recent years we have heard the term "operational meaning," i.e., the meaning that may be understood by what happens. What does a method or technique mean in practical usage? What happens when it is used may be said to define it. What then are the operational meanings in family practice of these principles of child guidance? How do they affect what the family does about getting household tasks done, and the school's "homework," that job the school hands over to the home? What do they mean in regard to report cards, to recreation, hobbies and sports, and to clubs and to gangs? How do they apply to children teasing and quarreling in the family? How do they help both the timid child

and the exhibitionist in the same family? Or the child who is quick as a flash and the one who is slow as molasses in January? And most important of all what do they give the child to live by—a basis for making his choices, a philosophy of life?

These are questions not lightly answered for they deal with problems not easily solved. In this chapter only suggestive answers can be offered. The real answers are worked out in relationships and come only in case studies. In exploring, an investigating party follows the hunches of the leaders, and then the most likely route is planned. In this chapter only the hunches can be presented for each family to investigate in order to map out the route to the family goals.

Household tasks. The first issue raised is whether it is more important to get these tasks done or to develop the children's responsibility for them. Any family with a strong task master can probably get the jobs done, but the chances are that the children will be less and less likely to do them if the compulsion is removed, since they may be learning to dislike the work while they are doing it.

The family where household tasks are no bugaboo is the family where each child feels his essential worth. He belongs to the family group. When the family enjoy things together he is included. His part is determined according to his age and development, but his wishes and abilities are respected. Likewise when the family tackle a job, whether it be managing a picnic, a vacation camping party, the regular household affairs or an emergency situation during illness, each child in the family takes his part according to his special ability and interest. Families manage this allotment differently but the principles will hold. Belongingness in the group and self respect for ability to contribute to the group are essential. With help he will acquire new abilities and with approval he will appreciate the value of his contribution.

Some of the more important principles under these key principles as they apply to household responsibility are sharing, explaining, planning, offering choice, overlooking as much as possible, and capitalizing on effort and success for approval and appreciation. Used judiciously, these principles should make it meaningful and worthwhile for the children to assume responsibilities for the work of the family which cherishes them.

One family of eight children managed so well that their mother continued to be a major asset in the community. By the time the youngest was in school, they even managed to give mother every Wednesday all to herself as a refresher day. She went to the beach to rest and read, or to the library or to the apartment of a friend who was away from it during the day.

Homework for school raises a different issue which becomes more critical when considered with grades and report cards and honor roll. If the school is using child guidance principles, the children will be self-motivated and the family will need only to help with the planning for the homework. Not so if the children suffer school and welcome the release that comes at dismissal.

Basically the family must begin by assuring the child that his place in the affection of the family group does not depend upon his getting good marks either in school subjects or in deportment. The sensitive child is keen to sense theebb or flow in regard for him with the coming of A's or C's on his report card. Mere words are weak amends for the damage from such hurtful behavior of his adults. Moreover he must be freed from the burden of upholding the family name by his school record. Any doubt of his belongingness in his family or anxiety over the effect upon the family of his school record adds undue strain. The more sensitive he is and the more he cares for his family, the more strain he feels and the more crippling its influence. Only as he can be freed from such strain will he become free to learn.

As some families and individuals have become unashamed of school failures, they are revealing frequent examples of successful people in today's affairs who failed not only once but often as they struggled through school. They did not conform to the run of the-mill method of getting an education and had to discover their own methods frequently against the disapproval of their elders.

The important thing is to respect the child's curiosities—these are his leads to learning. He may find his way later to the academic subject by following his own bent, interest in nature or in machines, in music or in art, in cooking or in carpentry. One lad who at ten had still been unable to learn to read became so interested in the plans for plumbing in a household physics book that he began reading from the labels of the pictures and diagrams in it.

Occasionally school becomes such a burden that a frail child finds the winter months a strain on his health. For several years one family planned for the son to go to school only during the morning, to get out in the sunshine in the afternoon, and then toward evening to study. He carried his work each year, not with high grades in all subjects to be sure, but with steadily improving health. The fact that some member of his family was interested to help him with his homework made it possible for this boy to keep up to grade with a moderate effort and even to increase his interest in school subjects. He felt comfortable in his family's assurance that it is important only to like to learn from any and all sources. Much of the most vital learning during life has no relation to grades. Indeed the grading system probably does much to kill the joy of learning for its own sake or at least to dissociate such learning from school learning. Grading is based on a competitive drive whereas the learning most needed in democratic living must come from a cooperative drive.

The family probably contributes most to a child's life-long education if they are genuinely interested in the richness of his experiencing in school and out of-school, and place relatively little importance upon his grades. He may not bring home a report card full of A's—indeed he may never get an A—and yet be forging ahead on his self directed search for new experiences and new learnings. A family with such educational goals will be able to give all of the

children, with their varying interests and abilities, affection and respect, approval for their special strengths, and help where they find learning difficult

Some of the principles are likely to be especially helpful for children with school difficulties about grading and homework. Preparing for rich learning experiences out-of-school and sharing them with the children build meaning and purpose into the business of learning. Explaining about the in-school learnings may bring these learnings into some significant relation to his out-of-school learnings, especially if the homework gets included in the shared experiences. In these shared experiences, learning is valued with no thought of grade or beating anyone. Making a plan with the children so that there is a regular time for homework which does not conflict with a favorite radio program or other competing interest makes cooperation easier and results more satisfying.

If the school does not have a system for discovering the particular difficulties a child has in each of his subjects, this may be an undertaking of first importance in the family supervision of homework in order to give the help as needed and otherwise leave him to achieve independently.

An outstanding way in which the family can motivate school learnings is to share in their usefulness and interest all during the week and year, and thus build them into the every day living they are supposed to serve.

If the family can be convincing about education as a means of richer living and can help a child find joy in discovery and in learning, he then makes learning the business of childhood. In relation to it he manages to get in his sports and good times with his fellows, just as his parents manage recreation and social interests in relation to their scheduled responsibilities. The family can help him learn to manage these demands on his time and energy, not as conflicting but as supplementary activities, all important to wholesome living.

This management may involve some readjustment in the family schedule in order that one child may get to the meeting of the Scouts or a club or gang, and that another may get to a basketball, orchestra or dramatic practice, and another may work on the school paper. The family may need to take over all of a child's home duties on the eve of some important event, such as a play, concert, athletic contest or 4 H exhibition.

When a child is absorbed in some special interest, he may neglect some of his home duties or do them carelessly. The family who understandingly ignores these temporary slumps while enjoying with him his present compelling interest, makes their approval and appreciation doubly valuable when the child gets back to normal and resumes his full load of responsibility at home. With more skill, which comes with experience, he will be able to manage better so the family will lose out less and less. *Managing to work into a feasible and fair pattern the varying interests and demands of a worthwhile life is an essential, life long learning.* This ability to manage is most likely to be attained if the family fosters it from childhood and deals with him with kindly understanding through the long period of many mistakes. This is a learning not attainable by

precept because it involves adjustment based on values which only experience can build. Explaining may expedite the learning. Help may weed out some of the less essential experiences and select the experiences that direct and clarify his values. Learning to weigh values and adjust one's behavior on the basis of the values deemed more important is so essential to health, happiness and success that it may well be the major concern of the family while there are children in the home.

Teasing and quarreling bring new issues into family guidance. There is a kind of teasing which is a social expression—good natured and accepted as such. This is no problem. It is only the teasing for discomfort that concerns the family. When a child so teases or quarrels with his siblings or companions, it is a safe assumption that he lacks more satisfying activities and relationships. Either he is under strain in his relationships or he is unresourceful in techniques with things or with people. In either case it is futile to condemn or punish him. What he needs is help—help to reduce, remove or adjust to the strain, or, on the other hand, help to develop varied skills so that things and people respond to him in many satisfying ways.

Again, as in the earlier problems, the basic guidance is at the affectional level. A child has an uncanny sensitivity to affection, and to any lack or irregularity in it, and his reaction is an all-out one in that his whole personality is involved and his behavior all day long is influenced. The dynamics of this interaction between his affectional needs and his ordinary and extraordinary behavior is usually unknown to the child. Frequently it is unknown also to his parents, or unrecognized because it is more comfortable to ignore what it would take effort to correct.

Partiality, prejudice and jealousy are among the more obvious and cruder expressions of family affection gone astray. Just because these are not "observable to the naked eye" does not insure against subtle but deep undermining of a child's security in his family group. Special efforts to assure him of his own important place in the family may make it unnecessary for him to contest the place of other family members or to express his strain in aggressive behavior. Respect for his particular abilities, those skills which justly bring him special recognition, may build enough sense of adequacy so he does not need to belittle others or to contest for strength and power.

The family can build upon his security and adequacy, for he is then ready to accept their help and approval. With help they can enable him to discover new abilities and these in turn enrich his contacts with people. In order to give friendly contacts a chance, guidance may need to plan that a child have companions at the most favorable times and under most favorable conditions and then terminate the together-times while they are still friendly so that they will be anticipated and resumed on this basis of satisfaction.

The family can realize, as perhaps the child can not at the time, that it takes all kinds of relationships to make a satisfying world for him, and that they

must be kept in balance. Older and younger companions, and necessarily companions of his own age; those whom he follows and those whom he leads, and mostly those with whom he has the easy give-and-take of pals, those whose special interests and abilities are similar to his own for deep companionability, and those with different ones which supplement his own and expand his horizons. School offers a large circle of acquaintanceship from which he selects his companions and with whom he associates informally or in a team, a club or a gang.

The timid child and the exhibitionist are both seeking assurance. Because their personalities are different one withdraws from public gaze and the other thrusts himself into it. Both need to be liked for what they are and respected for what they can do. Approval is effective if it is thoroughly sincere, but the least insincerity or exaggeration in approving does more harm than good. The timid child needs the encouragement of frequent approval for effort and for slight achievements, but only if it is honest and suitable to the occasion. Then when greater effort and larger achievements do come they can honestly be given approval commensurate with the larger undertaking.

The exhibitionist only exaggerates his behavior under disapproval. Wise adults seek for something in what he is doing, or can do, or in his intention, that is worthy of approval; and they skillfully manoeuvre to get more such opportunities, until the craving of the child for attention is met at its source through affection and respect, restoring his belongingness and his self-esteem. Both the timid child and the exhibitionist need help to develop new learnings to keep growing, so that they can maintain their sense of adequacy. Any loss in confidence might bring a relapse into the earlier symptoms.

The children in most families have different activity rates, slow moving, moderately active, and fast. The physiologists are inclined to limit guidance somewhat. They do not encourage belief that the slow child can be speeded up or the fast child slowed down, for they find the activity rate one of the most fixed characteristics of the human organism. Guidance can, however, enable both the fast and the slow child to adjust with a minimum of strain and a maximum of satisfaction.

It may be that the slow child is more comfortable to have around than the very active one who is always into things. Or, on the other hand, the slow child may be exasperating to the impatient members of the family who delight in the very active child. Children are sensitive to these attitudes among the family members. The family who realize how important these attitudes are to the children will control them, and will find the special opportunities in the family group for meeting the needs of each of the children. Neither speed nor slowness entitle a child to preference nor deprive him of his rightful place in the family group. Each child can learn to capitalize on his own rate of activity, once he is secure and confident and therefore free from strain.

It is the strain that makes the active child seem overwrought, excitable and random in his behavior, and makes the slow child seem stolid and clumsy. The active child can learn to weed out his unnecessary or blundering movements and make every movement count toward achievement. The slow child can improve the effectiveness of his every movement so that each contributes more toward achievement. As both children increase their effectiveness they cease to stand out as exceptions. It was only ineffective speed or ineffective slowness that was uncomfortable or irritating. Effective activity at any rate is acceptable.

The principle of help, for either the fast or the slow child, guides him to more skillful movement, shows him how things work, and encourages more purposive direction of his movements toward well selected goals, undertakings that are reasonable and can be achieved without undue strain. Approval is in terms of the behavior that was effective and not in terms of faster or slower. Thus he becomes less aware of any difference from others in his rate of activity as he becomes more and more effective in achieving his goals.

What is the net return to a child at any age from the efforts of his family to use the principles of guidance? A philosophy of life that is becoming more and more democratic all the time. A philosophy of life is not something he acquires when he is mature enough to understand such abstract words. He had and he used his own philosophy of life when as an infant he first discovered the possibility of getting what he wanted by some effort of his own. From that time forward he has adapted his philosophy of life as he has more numerous and more varied and complex choices in his everyday life.

His early choices had to do only with his personal comfort, largely in biological satisfactions. He had no thought beyond the present moment. By the time he starts in school he has developed his philosophy of life so that his satisfactions include many acquired ones beyond the early biological ones. He enjoys riding on a tricycle and in an auto, building with blocks and fitting puzzles, looking at pictures and hearing stories read to him. He has extended his satisfaction also beyond the present to include delayed satisfactions anticipated in the future, such as play time after school or a trip next week-end. Also he has extended his satisfactions beyond the personal as he includes in his reckoning some member of the family or some playmate.

If his family have been a democratic group, and if they have utilized the guidance principles toward that end, he will, by school age, have a set of values which he uses deliberately in making his choices about his behavior. His philosophy of life has come to operate consciously. He knows increasingly why he chooses to do as he does.

Whether he tends to weigh values and frequently select a delayed one in favor of an immediate one, to choose one that includes another child as well as himself, or to choose something of value to another and go without something himself depends upon his individual development within the family group and under their guiding influence.

One thing seems certain. His satisfying experience to date either limits or expands his range of values in deciding about his behavior of the moment. The more sure he is that he belongs in his family group and has their respect for what he can do, the more he can afford to give others a place in the family affection and attention and to be considerate, gracious and generous. A child who is himself insecure and lacking in confidence and self-esteem cannot be generous. *It is out of richness in satisfaction that magnanimity grows.*

When a child chooses a larger social value (one that includes the welfare of others as well as himself), be it ever so little a gain, he deserves and probably needs approval. The sacrifice in immediate and personal satisfaction may be compensated for at the time by the approval, and tide him over until the delayed and social values can come to him. Next time he makes this particular choice it will be easier for he can better anticipate the larger values.

The main purpose and responsibility of guidance is to keep a child's values expanding so that his choices are increasingly in terms of acquired rather than biological satisfaction, delayed rather than immediate, social rather than personal, and more and more people involved in his social values.

His philosophy of life is democratic to the extent that he assumes responsibility for his choices in terms of "the greatest good to the greatest number" not only now but in the future. He can achieve a democratic philosophy of life only if his life to date has given him the basis for the "will to believe" that his own best good is realized in the welfare of others. In his family he may have discovered that it is worthwhile to make personal sacrifices in order that others may gain. This is comparable in his individual philosophy of life to the democratic philosophy for business recently expressed by Dr. Compton as he accepted the chairmanship of the new nutrition research foundation financed co-operatively by many commercial groups. "It is my hope," he said, "that this foundation may be an example and pattern of what an industrial group can do when it devotes a portion of its energies and resources to a sincere effort to help humanity without thought of self-interest, and I believe that by so doing it will, in the long run, have well served its own interests."

Fortunately families are free to become as democratic as they desire to be. Unfortunately schools are not. The system tends to restrict the local school and the individual teacher to processes and procedures established under an authoritarian regime and built upon obedience and respect, conformity and silence. Its results are measured by competitive examinations and recorded as grades, honors and other individual gains. There is relatively little opportunity or encouragement for new organization and procedures to develop democratic relationships, gained by active and even noisy participation, for mutual or joint purposes, in which the values may be largely social and intangible.

Only as democracy becomes of supreme importance will it be possible to free the schools of the heritage of tyrannical authoritarianism and of rugged individualism. Schools are as they are, not so much from desire of either admin-

istrators or teachers, as from the weight of tradition. Guidance works under an almost insuperable handicap in the classroom of the traditional type. A democratic philosophy of life gets smothered rather than fostered in such an organization. The supreme value is not the greatest good to the greatest number, but rather to discover what the teacher or the system requires and deliver it and secure the reward. Conformity is rewarded, originality is frowned upon, and help is condemned as cheating. Rewards of effort are in individual terms and to the extent one progresses he does so at the cost of others.

Fortunately, however, it is possible even with all these odds against a teacher or a local school, to breathe the breath of freedom and democracy into a school room. There are notable exceptions in which a whole local system has boldly accepted the handicap and "made good." There are individual schools within a local system which have made signal achievements. Even in a traditional school in a traditional system an exceptional teacher has been able to develop a democratic spirit. A teacher can have a free organization within her classroom even with screwed down desks. A part of the room may be reserved for quiet individual study and for small groups meeting with the teacher. The rest of the room may be given over to group activities. Children may play games of skill by sitting on desks around one desk as the game table. They may engage freely but considerately in conversation or discussion, and in constructive, dramatic or nature activities. Children can seek and find their own level of ability, seek help as needed, take their own rate of speed in improvement, and recognize their own gains as they make them. In such a classroom activities go on in the absence of the teacher, and plans are made and work contributed from out-of-school hours.

The crux of the matter is relative value. In the traditional school it is of major importance that the children acquire the academic learnings in such a way that they can review them and give them back in recitation, test and examination. In the democratic school it is of major importance that the children learn to learn, learn to enjoy learning, and learn to use their learnings on every occasion in ordinary living and in emergencies.

Experience has shown that children from the kindergarten on through the grades can assume responsibility for directing their own learning. Before they can read, they can plan their day. They need neither to have it all mapped out by assignments and classes nor to spend it at random in whatever activity is suggested by chance material, chance memory or whim.

A plan can be flexible so that it permits the child to take advantage of situations he did not foresee. It does, however, prevent him from turning from one activity to another in a desultory manner that interferes with both achievement and satisfaction. The child who has thoughtfully made a plan stops to think before departing from it. He weighs the values of the two activities. Sometimes he decides to continue as he planned, and delay or forego the other activity. Sometimes he decides to delay, curtail or omit part of the activities he

had planned in favor of the new activities. At the end of his day, as he checks over his plan with the teacher or by himself, he may revalue his decision with the perspective of the day's whole sequence of events. He may consider his judgment was good and include some of the omitted activities into his planning for the next day. He may consider his judgment was poor and try to build into tomorrow's plan some of the values he forfeited. If the opportunity was a fleeting one and he lost it, he learns from this experience more about planning his affairs in order to capitalize on unexpected opportunities.

Living in a democratic country during a period of rapid change demands of every individual that he plan his affairs and yet be flexible enough in his use of those plans so that he can adjust them to changing conditions and adapt them to the plans of others. This is true for children in the affairs of childhood and becomes increasingly important as they mature into adult responsibilities of modern democracy. It may well be the major function of the teacher in a group of children in school to supervise their planning, their adjusting and adapting of their planning, and their evaluation of the whole process day after day. Time thus spent in individual guidance of children in developing their management abilities will enable them to take over many of their learnings, which earlier the teacher tried to get over by assignments and group instruction. In the long run the teacher is saved the time needed for the few minutes with each child occasionally throughout the day for guiding his self-directed learnings. Teachers who are regularly available to each child at the beginning and end of the day as he makes his plan or considers the way it has worked out, and available as needed during the day, find that normal children gain steadily in their ability to manage their own learning affairs—and they learn thereby far more than from formal instruction.

A teacher who is pioneering in the school or community may introduce personal management into the program gradually so as to avoid unnecessary failure or criticism. During one period of the day the opportunity may be offered to those who choose to try it. The rest of the children can be left with the usual assignments, freeing the teachers during this period to work out the new program. A child who misuses the privilege forfeits it at the time but regains it again when he wishes to undertake the new program with its responsibilities. A child who makes excellent use of the privilege can be given wider opportunities to direct his own learnings. Gradually all the children in the group will get to working under as much freedom as they can profitably use at the time. Once started, gains can be made as the children learn to take responsibility: *the teacher can give up responsibilities for teaching the children only as they assume responsibility for learning.*

If one could step through the magic looking glass, or say "Open Sesame" or "Abra Cadabra", and make the transition, many teachers, principals and administrators would welcome the change to a democracy. They may well hesitate to make a wholesale change even if it were possible to do so. Such an under-

taking would be comparable to closing down all the factories in the country, establishing new equipment and then bringing the same workers back to work in them. Granted the set-up would be largely self-explanatory and as nearly fool-proof as possible, it does not follow that it would be efficiently used. The workers' earlier training would interfere with their making the best use of the improved situations, also their old dependencies on work assignments, instruction and strict supervision.

A word of caution is therefore in order as to the rate of change, although every teacher is urged to make a beginning and keep at the job of establishing democracy in the schools of the country. If suddenly all restriction could be removed, it would not be possible to change the schools over quickly to the democratic plan of operation. Neither the teachers nor the pupils have the necessary learnings. The first reaction to a sudden wholesale change might even be anarchy or chaos in the classroom. There would be much failure and disappointment while the new methods of teaching and learning were being developed.

Some teachers are so habitized in their regimentation of the classroom that they can make the transition only very slowly to a freer organization even after they see other classrooms successfully operating on that basis. Teachers, like pupils, must be permitted to select their own goals and methods, seek help as needed and decide their own rates of improvement. Guidance is guidance whether applied by the teacher or parent to children or applied by educational leaders to teachers and parents.

Any group of people or any individual has to learn by experience the ways of democracy involving initiative, resourcefulness and responsible choice; and part of this process is unlearning the dependence on assignments, demonstration, confidence in the reward of conformity, and satisfaction in a competitive award.

Freedom is not freedom to do anything one wishes, but freedom to choose within limits the behavior for which one assumes the consequences. It is well therefore to expand the limits for choice slowly as the children can learn to foresee the consequences and develop responsibility. With every gain in freedom of opportunity and responsible initiative, the principles of guidance have more scope and the democratic philosophy of life is fostered.

If a child is fortunate enough to live with a democratic family at home and live with a democratic group at school the gains are multiplied rather than added. The same principles operating consistently throughout his day contribute to the development of a democratic philosophy of life.

Only if the parents and the teachers come to see eye to eye on the need for children to practice democratic living both at home and at school, and unite in their efforts to give them the opportunity, is there any likelihood of change in the schools of the nation. Dictator countries can by edict change their schools so that they contribute to their national aims *In a democratic country, change*

in the schools can come only by the slow process of education of the people. Parents and teachers constitute the largest number of people whose education determines if and when this major change can take place

If the most far-seeing and daring among both groups can get together on a program of child guidance that they believe in for democratic living, they stand a real chance of making the necessary changes in the homes and the schools. Children will then find it possible to apply at home what they learn in school and to apply at school what they learn at home. All learnings come to have significance in terms of every day affairs of the present and the on-going future, of personal and ever larger social scope

Every learning from infancy through the preschool years and from kindergarten through the school years becomes part of the philosophy of life a child builds for himself as he chooses how he shall influence the lives of others who share, directly or remotely, his life. If every person who is inclined to criticize the children of today and the young adults who were the children of yesterday will check his negative criticism and redirect it to positive effort towards a child guidance program which will work in a democratic country, the democratic way of living is attainable. There may be many clumsy and funny mistakes for a while, and some serious mistakes and failures. Learning is possible only when the learners are free to make mistakes. The American public must be free to make mistakes as it undertakes the tremendous job of making its schools and its homes truly democratic. In these homes and school rooms the principles of child guidance can operate, and the products may be counted upon to be individuals who cherish social democracy and are willing to sacrifice for it. Child guidance becomes important to those who undertake their share in the responsibility for this American job.

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GUIDANCE OF THE ADOLESCENT

By

E. DEALTON PARTRIDGE

SOMEWHERE between the ages of ten and twenty the human organism goes through a change known as puberty. This change represents the emergence from childhood into physical maturity. After puberty the human animal is capable of reproduction. The primary and secondary sex characteristics blossom into their full proportions. Physiologically, the human being is ready for adult life.

Whether or not the individual does become an adult in the full sense of the word after physical maturity is reached depends upon various factors. In some societies physical and social maturity are closely related and there is no marked period of adjustment in between. In other social orders, such as our own, social maturity often does not come until many years after the individual is capable of reproduction.

Adolescence is commonly thought of as the period in between childhood and adulthood. It includes puberty but is not synonymous with it. There are no definite chronological demarcations of adolescence that are agreed upon by all psychologists. It usually refers to the "teen age" or roughly from eleven to nineteen years of age inclusive. This definition is rough and should be accepted only with the full knowledge that individual differences in development make it certain that some persons fifteen years of age are in most every respect more grown up than others seventeen years old and that other seventeen year olds are physiologically less mature than some fourteen year olds.

The most useful way to think of adolescence is not to confine it to any definite age brackets, but rather to think of it in functional terms. It is the period when the individual usually achieves physical maturity and is striving for social maturity. It represents the transition stage between characteristically dependent times of childhood into the independent years of adulthood. It is the time when an individual comes to define himself as a person among adults and becomes ready to step forth into the world on his own.

In our particular society the transition from childhood to adulthood seems to be accompanied by a series of adjustment problems that are peculiar to the culture pattern that modern technology has created. Studies of adolescence in

other societies, such as Margaret Mead* has made in Samoa and New Guinea, show the lack of such adolescent problems in these primitive societies. This would suggest that the best type of guidance for young people is that which recognizes the functional nature of these problems rather than ascribing them to organic changes alone. In some cases there is an organic basis for aberrant behavior and these should have competent medical treatment. This section is concerned primarily with those problems that can be dealt with successfully by teachers, guidance counselors, parents and others who are in a position to help youth in normal activities

Guidance of young people is much more difficult in a complicated, fast-moving society such as ours than it would be in a primitive tribe. In primitive life the rules that govern conduct are definite. They are not in the state of flux to such an extent that one generation cannot understand the problems that face the next. There is comfort and stability in knowing that what one learns in the way of behavior patterns or mental conceptions will be good until old age and that the problem of guiding the young is simply to pass these same concepts on effectively and with little or no variation

In our own society the rules that held fairly well for one generation do not hold for the next. New machines, new methods of communication, new ideas move along in a never-ending stream and undermine the very foundations of behavior patterns. Parents, unless they are exceptionally well-read and progressive, may interpret behavior problems in light of their own adolescence which may be so different from present problems as to seem like life in another country.

In primitive society the number of different avocations were limited and the determination of those who pursued the various means of livelihood was a matter of strict custom. In America today there are literally thousands of different professions or careers each with its peculiar demands as to preparation and ability and each with its own social evaluation. This complicates tremendously the problem of counseling young people about their life work which is one of the most persistent adolescent problems.

The problem of guidance for adolescence, then, is both broad and deep. All that can be done in this treatment is to chart some of the greater areas and indicate paths of further investigation for those who are interested.

WHAT KIND OF GUIDANCE DO ADOLESCENTS NEED?

As an approach to discussing guidance of adolescents it is necessary to determine the types of problems they face. This can be determined in a variety of ways but the most fruitful, perhaps, is to list the problems *as adolescents see them*. Fortunately, quite a number of studies have been made of adolescent problems that will help in charting this treatment of guidance

*Mead, Margaret, *Coming of Age in Samoa*, William Morrow, New York, 1938

A group of young people when asked what problems they would like to discuss over a period of weeks in a Sunday evening discussion group listed the following things, given here in their own words.

Self Consciousness.

How to hold your temper

How to get along with other people.

How to improve my conduct in school.

How to keep out of trouble with my family

How to make my money go farther

How to get along with people.

How to get rid of a fellow if he is a drone and you do not want him alone with you.

How to get on the good side of your girl's parents.

How to stop swearing when driving a car.

How to get a better personality.

How to get on the good side of one's parents.

How to entertain boys.

How to get poise, overcome self-consciousness and develop your own personality.

How to make a good first impression and not to be embarrassed when you have made a mistake.

How to act natural.

How to get in good with the ladies.

How to make friends.

Etiquette.

How to be kind to a drone or dope without encouraging him to show off.

How to influence teachers.

How to get along with the in-laws-to-be.

How to know when to use good grammar and when not to.

How to stop bad habits.

How to remember when to swear and when not to.

Improving your personality.

Getting along with your parents.

What to do when your family doesn't like the fellow you go around with and forbids it.

How can I meet a boy. He's nice but he's shy, and I don't know any of his friends well. (I asked this question before but I haven't gotten any answer.)

I have good ideas and schemes for the club I belong to; how can I make other people agree with me?

I would like to find out more about what the girls think of boys and how they pick them.

Should a girl neck on the first date?

How to talk properly to boys.

How to make friends.

How to keep friends

How to get acquainted.

How to avert family arguments.

The above list is not unlike that developed by the Lynds* in their now classical study of *Middletown*. 348 boys and 382 girls were asked to indicate the sources of disagreement between them and their parents. The following table summarizes the results of this study

SOURCES OF DISAGREEMENT BETWEEN 348 BOYS AND 382 GIRLS AND THEIR PARENTS

	BOYS CHECKING		GIRLS CHECKING	
	No.	Per cent.	No.	Per cent.
1. Use of the automobile . . .	124	35.6	113	29.6
2. The boys or girls you choose as friends	87	25.0	103	27.0
3. Your spending money . .	130	37.4	110	28.8
4. Number of times you go out on school nights during the week	157	45.1	182	47.6
5. Grades at school	140	40.2	119	31.2
6. The hour you get in at night	158	45.4	163	42.7
7. Home duties (tending furnace, cooking, etc.)	66	19.0	101	26.4
8. Clubs or societies you belong to	19	5.5	40	10.5
9. Church and Sunday School at- tendance	66	19.0	71	18.6
10. Sunday observance, aside from just going to church and Sun- day School	50	14.4	53	13.9
11. The way you dress	55	15.8	94	24.6
12. Going to unchaperoned parties	53	15.2	105	27.5
13. Any other sources of disagree- ment	33	9.5	32	8.4
14. Do not disagree.	7	2.0	8	2.1

In addition to those listed above the boys added the following items, "Spending all my time on athletics", "Smoking", "Drinking", "How much I should work", "Having a rifle" The girls added "Cigarettes", "Boys", "Petting

*Lynd, R. S. and Lynd, H. M. *Middletown* Harcourt, Brace, New York, 1929.

parties", "Bobbed hair", "Playing cards", "Reading too many books", "Dancing", "Machine riding to other towns at night with dates", "Evolution".

These responses are significant when considered from a variety of angles. First, it should be noted that this study was made in the late twenties. Times and attitudes toward young people and what they do have not changed significantly in the last two decades. If one compares this list with the previous one, it will appear very similar. Both lists suggest that one of the persistent sources of difficulty on the part of adolescents arises out of the cultural lag that exists between parent attitudes and actual styles or social conditions current with young people. On the basis of the evidence we have, these discrepancies between parent and child attitudes have always existed to some extent but they are accentuated by our rapidly moving industrial civilization which introduces new devices such as the car, the radio, the movies and other things more rapidly than they can be assimilated into the code of behavior accepted by the majority of people in the community.

Another significant thing to note in the foregoing table is the definite difference that exists between the types of problems most frequently checked by the girls as contrasted with the boys. This bears out another important generalization that will be treated more at length in this chapter, namely, the difference in the problems of boys and girls. This is due mostly to the fact that the social interpretation placed upon a girl is entirely different from that placed upon a boy. Being a girl demands an entirely different behavior pattern of the individual. *In this connection it is interesting to note that our society is definitely more successful in raising girls than it is boys.* One needs but study the statistics of delinquency, insanity and suicide to become aware of this important fact. Girls may not be generally more happy than boys, but they are definitely less likely to express their unadjustment violently against society or themselves. *They fare better in the type of civilization that has grown up in America.*

A physician who wrote a regular department on keeping physically fit in a popular boys magazine received hundreds of letters each month from boys who were seeking guidance in problems relating to their physical development. An analysis of several hundred of these letters has revealed an interesting and significant pattern in the problem presented and in the effect these problems have upon the mental outlook of those who wrote the letters. At the outset, of course, one should recognize that while these letters were unsolicited they may not represent a truly random sample of all boys. A tabulation of ages where this information was given in the letters, showed a range from 11 to 22 with a peak at 15. The amazing thing about the letters was the utter frankness they exhibited and the range of insight from utter confusion up to an objective and intelligent evaluation of the problem.

As to the types of problems presented, the following tabulation shows the main division of information sought and the frequency of mention of each.

PROBLEMS MENTIONED IN LETTERS FROM ADOLESCENT BOYS

	<i>Number of letters mentioning</i>
How to excel in certain sports	207
How to build a better body	172
How to gain in weight	89
Questions of personal hygiene (care of teeth, hair, etc)	85
How to gain in height	63
How to clear the complexion	51
Sex information	32
How to lose weight	22

Other letters mentioned a wide variety of problems including how to get along with parents, how to keep up with friends in athletics, how to keep from being self-conscious, how to make friends with girls.

These letters show clearly the place that the athletic program plays in the aspirations of growing boys. True enough, these letters are from boys who read material on keeping physically fit and at the start are interested in physical development. That so many of them should specifically mention making the local team or excelling in a given sport shows the extent that these traditions affect the conception these boys have of themselves. In a countless number of cases these boys will not be able to make the varsity and in some cases this represents a major crisis in the life of the young man. Witness the following letter—

"Today is my birthday, the 14th one Boy! How the years pile on! Well, I'm writing to you to ask you for advice on one thing that I'd give anything for. HOW CAN I GROW BIGGER? I'm very small for my age. I love sports, especially baseball. To get on the team in football, basketball, hockey and others you must be somewhat big and have a little weight . .

"Just to get up there at bat and get a couple of homers, triples and doubles rather than a weak single through an infielder which doesn't occur very often. To make the football team with a little weight, to buck the line rather than watching from the sidelines To stay up on your feet sometime during the hockey game rather than being checked all the time. That would be the life! How I envy kids like that."

Another generalization that emerges from these letters is the fact that if the individual deviates from the average of his age in any physical characteristic he must develop a mental conception of himself that is compatible with this deviation. It does not seem to matter which physical characteristic is involved—height, weight, strength, complexion, size of sex organs or texture of skin. Any deviation from the customary in the immediate groups brings concern to the individual because of the pressure from immediate associates.

Wise guidance in such cases demands an insight into the problem first and a recognition that a basis in adjustment such as this might find expression in various types of behavior quite unrelated to this cause. Trouble at home, inability to concentrate in school, a sudden interest in exciting reading may all be the result of a basic struggle the adolescent may be having to establish himself with his immediate associates. Guidance in these cases would seem to suggest a plan whereby the individual can find some activity in which he can succeed reasonably well. Obviously an athletic program that would cater to the wide range of abilities found in any collection of adolescent boys would reduce these sources of basic frustration.

Symonds* approached the matter of adolescent problems in just a little different way. He asked boys and girls in two large city high schools to rank a list of 15 major areas of life according to the degree to which they were recognized as problems. A tabulation of the results showed that the boys tended to consider money matters, that is, the earning, spending and saving of money as more of a problem than did the girls. Girls seemed to feel that the biggest problems were those of personal attractiveness and etiquette. In other words, the boys were interested in becoming men while the girls pursued a pattern of interest in things common to the feminine side of the family.

On the basis of the studies mentioned above and others that might be quoted, the problems that adolescents face in modern society would seem to cluster around the following general fields:

I—Making a living. Establishing oneself economically. Being relatively secure. Spending money wisely.

II—Learning to deal with strong emotions. Meeting the opposite sex. Preparing for family life.

III—Growing up with oneself. Learning to accept one's general appearance as interpreted by others. Taking care of one's body.

IV—Learning the ways of adult society. Being accepted as a mature being in a society that does not encourage complete maturity. Coming to appreciate the many regulations of society imposed on young people.

V—Learning to use leisure time constructively.

Any adequate program of guidance for adolescents must cover these general areas. These areas are not mutually exclusive, neither are they exhaustive. They simply represent the main problem patterns that seem to emerge from the studies that have been made of young people and their strivings. They provide a convenient approach to guidance for normal adolescence in this section.

MAKING A LIVING

Adolescents do worry about how they are going to make a living. This worry is not so much a result of any great consciousness on their part of the value of

*Symonds, P. M. Sex Differences in the Life Problems and Interests of Adolescents. *School and Society*, 1936, 43, 751-752

work or the necessity of it, at least not in the early years of adolescence, *but rather because preparing for work is such a definite part of the youth training that is provided today.* From very early in the life of the individual there is a constant emphasis by adults upon the necessity of finding a vocation. In high school the student is expected to choose his courses in broad fields that prepare him for general brackets in a vocational sense. If he expects to become a doctor or lawyer or some such professional person, he must begin his preparation early.

Evidence in the shape of studies and experience indicate that the individual's vocational aspirations change considerably and that the general tendency is to overshoot reality when choosing the vocation one prefers. Many students choose to go into the professions if their early vocational aspirations are any indication, but society supports only a small percentage of such persons. This means that between the time that the young person makes his early selection and his final attachment to some means of livelihood many of them will slip several notches down the occupational scale.

There are several reasons, of course, for this vocational overshooting in the ambitions of young people. The professions pay more than other occupations. This gives them added prestige and greater pulling power to the individual. The white-collar jobs are glamorized in our society much more than the many other occupations and this is bound to have its effect upon the hopes of those striving for a place in the world. In addition to these other factors is the constant pressure of parental influence upon the occupational choice. It is this latter that so frequently leads to unfortunate consequences. *Young people are urged into vocational choices for which they have no desire and frequently little ability.*

In a society where there are a myriad of vocational possibilities involving highly specialized training it is imperative that some form of intelligent guidance be offered. Not only will effective guidance reduce individual maladjustment, it will also improve the efficiency of society to make certain that individuals get into positions where they can make a maximum contribution to the general effort.

An adequate program of vocational guidance calls for highly trained and intelligent experts. This is not the place to outline such a program in detail. Adequate vocational guidance demands a great amount of information about individual abilities and employment possibilities. The interpretation of individual test scores and the application of special diagnostic tests require special training. It is well to recognize here only that this phase of guidance is absolutely necessary for later adjustment in life and that youth agencies should provide trained guidance persons who can administer such a program.

There are two main areas of information that are important in giving vocational guidance. The first is an objective evaluation of the abilities and interests of the individual in so far as this is possible with modern testing procedures. While it may not be possible to predict exactly the field of work for which

each individual is best suited, it is certainly possible to avert many unfortunate selections on the basis of complete lack of knowledge.

It is known in general what types of ability are needed for the main professional pursuits and it is known what interest patterns accompany success in the major fields. Certainly with the knowledge available today there is no excuse for encouraging young people who in no way possess the ability or interests necessary to attempt to prepare themselves for certain professional careers. Much human suffering could be avoided if young people generally could come to realize that a successful life depends on other things than monetary reward and that there can be dignity and happiness in earning a living with one's hands.

Besides an objective knowledge of the individual's capabilities and interests, intelligent vocational guidance demands a knowledge of the labor market. There is little sense in directing young people into life work channels where there is little or no hope of employment even if they have unusual ability. Great shifts in occupational demands do not come overnight except in times of national crisis. Guidance counselors can and should be students of these changes and hence prepared to offer sound advice.

An adolescent who has a vocational goal before him . . . one in which he had confidence and a reasonable degree of assurance that he can succeed, will almost certainly have fewer problems than one who does not have such a plan before him. *Many of the troubles of young people grow out of the fact that they have no large purpose motivating their daily behavior.* The human animal is such that with a given accepted purpose luring him on, he will organize his whole behavior pattern around it. In this sense competent vocational guidance can help to reduce the number and seriousness of the problems in the other areas of adolescent life.

Above all it should be recognized that in our particular society the only person to make the final decision about vocational choice is the individual himself. True, others with more experience and perhaps with more insight can aid in this decision but it is a mistake for adults either to insist on making the decisions for the young person or to lead him to believe the responsibility can be shifted to others.

Choosing a vocation demands that the young person give the problem serious thought and that this thought be accompanied by a knowledge of the facts about his own ability and the requirements of the various fields he is considering. The kind of questions an adolescent should ask himself about a life work are as follows:

Is the vocation socially useful? Will it provide basic satisfaction as the years roll on?

What are the physical and mental requirements of the job? Does it require good eyesight, steady hands, strong muscles, an ability to reason or calculate?

What will be the *life* earnings as contrasted with other occupations? Will it offer advancement for increased skill and insight?

What kind of working conditions prevail? Are there occupational diseases associated with it?

What are the opportunities for wholesome recreational life? What kinds of vacations are offered? Does it offer only a way to make a living or a way of life?

When the individual has answered these questions and others naturally related to them, he has gone a long way toward being intelligent in the choice of life work. *It should not be supposed, however, that mere academic familiarity with occupations is all that is required for intelligent choice.* Wherever possible, the young person should seek actual experience in the vocation or, if this is not permitted, then he should seek to have direct contact with people who are in the vocation. Generally speaking, the wider and more practical the knowledge an individual has, the better chances there are for intelligent choice.

Help in vocational matters does not end when one has chosen a life work. This is actually only the beginning. From this point the individual must begin the path of preparation. This, of course, demands knowledge of the actual requirements for the vocation plus a knowledge of the best places to get the training. Where academic training is necessary one needs to know about costs, requirements for admission, professional ratings of schools and many other vital facts. The plan of having vocational conferences and college days in many high schools should be encouraged as a step in the direction of providing the kind of experience young people must have in the selection of life work.

Even when one has prepared himself for a given vocation, the task of the guidance counselor is not ended. Knowing how to find a job and keep it are almost as important as being prepared to do it. The number of persons who lose good jobs because of personality inadequacies or unfortunate attitudes is evidence of the need for guidance here. Young people should be taught specifically how to write letters of applications, how to behave at interviews and how to be efficient persons when a job has been secured.

A special word needs to be said about the vocational opportunities and problems of girls. There has been a tremendous shift in recent decades in the attitude toward working women. Women are becoming accepted in a wider and wider range of occupations. While to a young man the job offers a means of livelihood primarily, we should face the fact that a girl should think of the marriage possibilities that come through occupational association. This does not mean that girls should accept positions only with the thought of whether the boss has a marriageable son. It is a fact, though, that many girls who pass through school life without much opportunity for marriage find this opportunity through their jobs. In a society where the girl is at a distinct disadvantage anyway in finding a mate, this is no small consideration.

DEALING WITH STRONG EMOTIONS

"Should a girl neck on her first date," writes a high school girl to the leader of a local youth group.

"How can I keep my hands from sweating when I dance with a girl," asks a boy in the same group.

These queries epitomize the problem as young people see it. They are concerned with enjoying these strong emotions, yet not coming too abruptly against the censure of adult society. They are interested in knowing what adults and the opposite sex expect of them, but they also feel quite naturally that life would be devoid of thrills if adults had their way all the time.

The important thing from the guidance angle is that young people be helped in making adjustments to the opposite sex in such a way that it will mean a richer life in the long run. Actually this requirement is not far from the desires of young people who may be a little naive in expressing their needs.

Young people are entitled to a chance to learn how to get along with each other. A happy adjustment to the opposite sex is of vital importance. Modern society makes it difficult in many respects for them to make a happy adjustment. Marriage is now postponed years beyond physical maturity and the general dissemination of information about birth control is taking away some of the risks in sexual relationships. These facts may mean an increase in the amount of pre-marital relationship and without adequate guidance may make for unfortunate consequences.

Normal adolescence requires that both boy and girl have ample opportunity to get acquainted with each other, meet many persons of the opposite sex, to form attachments with some and finally a permanent attachment to one.

It is not normal for healthy young humans to have strong attachments with members of the same sex. Such a pattern of adjustment does not make for a happy life in later years. Homosexual attachments seem to be more frequent among girls than boys. Teachers are quite commonly the object of such attachment and therefore have special responsibility for the guidance in this field.

There is an abundance of evidence to indicate that normal sex development requires ample opportunity for contact with the opposite sex. For example, girls who attend co-educational colleges report only about half as many intimate homosexual experiences as do girls who attend girls' colleges.* This suggests that the best way to offer guidance in this important field is to stress the positive and constructive side of happy and frequent associations with members of the opposite sex with definite instruction in certain phases of the emotional life.

One who works with young people and gains their confidence finds that their requirements are amazingly practical and to the point. Adults sometimes have a tendency to read their own problems into the lives of the young people with

*Davis, Katherine Bemant, *Factors in the Sex Life of Twenty-Two Hundred Women*. Harper and Brothers, New York, 1929.

whom they deal. That some of the problems surrounding relationships between the sexes are complicated cannot be denied. But the problem as young people see it is often clear-cut and distinct. Here are the kinds of questions they ask when they really believe they can get help.

There is a boy on our street whom I like very much. How can I get him to take me out more?

When you really like a boy should you let him kiss you?

When is one going "too far" in necking?

If your parents insist on you going with a certain boy and you do not like him, what can you do?

Most adults are interested in helping young people to find a happy adjustment in their sex life. This being so it would seem that the most logical approach would be to start with the adolescent on the level of his or her immediate problems and work from there toward greater insight into a wholesome philosophy about the whole matter. This philosophy will be accepted, however, only if it works in immediate situations. The young person must work toward a more mature attitude toward these matters through actual experience. There seems to be no substitute to this.

To tell young people that they should not "neck" is not very helpful. Even to tell them that light "necking" may be all right but not to go "too far" does not help much. What they need and are usually grateful to get if it is given to them in the right way, are specific suggestions as to a code of behavior that will actually work in their case. Many girls, for example, who are attractive and have a real desire to do the right thing find themselves faced with the dilemma of either petting or losing out with their friends. What they need are specific suggestions as to what to do when the boy-friend they like makes advances. There are ways to keep the boy's respect and still keep him interested. A situation like this handled skillfully leaves both boy and girl more mature about sex matters. It is this process of learning the fine points about relationships with each other that can go forward under a constructive rather than a repressive approach to the problem.

Just how to go about acquainting adolescents with the specific suggestions they need depends upon many things. Parents are sometimes, but unfortunately not often, close enough and objective enough with their children to discuss these problems frankly. Most adolescents, however, do not choose to approach their parents because of their feeling that they will be chastised or misunderstood in some way. Teachers with small groups of boys or girls have found it possible at times to bring these things into informal discussions. One technique that works in most cases is to have the young people write out their questions on a slip of paper without signing their name. These are then collected and organized into a discussion or series of discussions with opportunities for questions.

In modern American society girls are at a distinct disadvantage in the scramble to secure a mate. Tradition forbids that the young woman take the initiative in searching out a life partner. The girl who is not sought after is at a much more serious disadvantage than the unpopular boy. The male member of the species is encouraged to develop ways of finding partners for a date. He can, with the aid of modern transportation, carry his hunt over a wide area. The girl, however, must be satisfied with coy and in most cases terribly ineffective ways of attracting the attention of the boy. She may invite him to her house once, but never twice. If she wants to meet a certain boy and encourage his attentions she must do it in a round-about way and not give the appearance of being aggressive.

Most girls need help in thinking through this problem of finding and selecting a mate.

If the young man is spurned in his first attempts he can go on with the knowledge that there is no objection to his making other attempts. The girl on the other hand is placed in the position of accepting the first bid or running the risk of not having another. This persistent pattern of discrimination operates in the process of getting a date for the school dance just as much as it does in the marriage market.

To offset this handicap that girls suffer, there should be many opportunities presented for girls to meet a wide range of acquaintances. Wise parents help provide these opportunities by creating opportunities for their daughters to meet young men. School social programs if properly handled can help widen the range of possibilities for co-educational experience.

Somewhere in the educational experience of both boys and girls there should be an opportunity for them to know what scientific knowledge there is about the factors that make for success in marriage. Extensive studies have shown the relationship of many different factors to successful marriage. These data should be of use in helping young people to select mates who will help them achieve a complete and satisfying life.

Terman* concluded from his extensive study of marital happiness that the following ten background circumstances were most predictive of marital happiness.

- Superior happiness of parents
- Childhood happiness.
- Lack of conflict with mother.
- Home discipline that was firm, not harsh.
- Strong attachment to mother.
- Strong attachment to father.
- Lack of conflict with father.

*Terman, Lewis M., *Psychological Factors in Marital Happiness*, McGraw-Hill, New York, 1938.

Parental frankness about matters of sex.

Infrequency and mildness of childhood punishment.

Premarital attitude toward sex that was free from disgust or aversion.

It is interesting to note further that Terman concludes that certain sex factors long emphasized by sexologists as being the most important thing in marital happiness are practically uncorrelated with happiness scores on his test. This is not to say that sex plays no part. It quite evidently does, but not the part that some have stressed in the past.

Terman's study further indicated that those who were unhappy in marriage "tended to be touchy or grouchy — lose their tempers easily, to fight to get their own way; to be critical of others; to be careless of others' feelings; to chafe under discipline or rebel against orders, to show any dislike they happen to feel; to be easily affected by praise or blame; to lack self-confidence; to be dominating in their relations with the opposite sex, to be little interested in old people, children, teaching, charity, or uplift activities; to be unconventional in their attitudes toward relations, drinking, and sexual ethics; to be bothered by useless thoughts, to be often in a state of excitement, and to alternate between happiness and sadness without apparent cause."*

Those who were happy in their married life were the wives who were from 4 to 10 years older than their husbands, the husbands who were 12 or more years older than their wives; wives and husbands who were most nearly alike in mental ability.

The findings of such studies as this and others that will no doubt be made in the future should come to the attention of young people who are entering into the era of life where this important decision is likely to be made. How many young people would follow the advice indicated in these studies is problematical. It is quite certain, however, that if more persons made this important step on the basis of more information about each other that the number of unhappy combinations could be reduced materially.

GROWING UP WITH ONESELF

One cannot hope to understand the problems that adolescents face unless he knows the physical changes that are going on at this time. This is not because the physical changes themselves are especially significant in causing behavior, but because of the social implications these changes gave. In other words, the physical changes that have a real bearing upon guidance of the normal adolescent from a psychological point of view are those changes which are observable and which are likely to affect the attitude and behavior of others toward the individual. That internal glandular changes may affect behavior certainly must be recognized but treatment of such conditions demands diagnosis by medical experts.

*Terman, Lewis M., *op. cit.* p. 369.

The physical changes that are most observable and may influence the adjustment of the adolescent to those around him are roughly as follows

Height and weight.

Primary sex characteristics.

Secondary sex characteristics.

General attractiveness.

Complexion.

This is not the place to catalogue these changes at any great length. The literature dealing with this subject is extensive and more detailed than could be set forth here. The present concern is with the way these changes influence the behavior patterns of the adolescent with the view to improving guidance possibilities.

The physical changes most definitely associated with puberty are those related to growth of the sex glands and their function. It is not this growth itself that concerns the guidance expert, but rather the social implications of this growth and how it affects the behavior of the young person. It is here that guidance is needed since the adolescent must often change his mental conception of himself as his bodily contour and the attitudes of others toward him change.

To the girl puberty brings the changes that transform her from an awkward, gawky child to a rounded and often attractive young woman. Associated with this is the organic function of menstruation and all that it implies socially. If the child has been properly prepared for these changes there is no reason to expect any great problem of mental adjustment as the person moves into maturity. Countless numbers of young women move through this stage of their development with no signs of unadjustment; others because of lack of or wrong information or because of too rapid or too slow development become disturbed and need help to establish a satisfactory explanation for what is happening.

As the girl moves into womanhood she finds that the attitude of other people toward her change. The neighborhood boy slightly older who for years has ignored her discovers an unsuspected charm in the rounded hips, the full breasts. Clothing becomes a more important matter in the life of the girl. It is now important to drape her physique with clothing that adds to her allure for the boy.

If for some reason the girl is slow in developing, as many are since the spread of puberty through the teen years is wide, then the girl is bound to wonder why her friends show signs of womanhood while she does not. In some cases a girl may wait until sixteen or seventeen before acquiring the marks of maturity that some of her friends find passed on to them at twelve. This disparity in the development plan of individuals causes the girl to wonder if there is something wrong with her. She may worry about her heredity, or her habits of living. She is not apt to admit openly what disturbs her because

one does not discuss such things with others, but in extreme cases she may resort to compensating behavior to make up for this lack she feels when she compares herself with other girls

It is fairly safe to assume that any girl who has been slow in developing, that is to say, does not reach puberty until after sixteen, has done some real thinking about this tardiness and has probably been the brunt of attack from her associates. The kind of help she needs is to know that many girls are slow in maturing, that there is not much to be done about it except to quit worrying and live a normal life

They should know too, that because of the laws of human variation there is great differences between individuals after they have matured. She should be assured that such things are not usually the result of personal habits but emerge from the hereditary patterns and the general environment of the individual.

The coming of menstruation brings with it social adjustments too. No longer is the girl free to participate in all types of sports as freely as she wishes. At times it is necessary to refrain discreetly from invitations to go swimming or to engage in other activities that before this physical change were always possible. What the normal girl needs at this time is objective instruction on how to take her new physical characteristics in her stride. This instruction, at least as completely and expertly as needed, is not often given by parents. Few parents, perhaps, realize that the information should be given before ten years of age if it is to antedate the scanty and usually false information the girl may get from her associates.

The primary sex characteristics of the boy are centered around the growth of the male sex organs. Associated with these changes are those of secondary nature including the change of voice, the appearance of hair on various parts of the body and the filling out of the chest and large muscles.

In a society where the pubescent boy is thrown together with others his own age in such a way that these characteristics are a mark of social prestige then it becomes very important to the individual that his development keep pace with his associates. This is probably more true with the boy than the girl since in our society there are so many competitive activities such as athletics where masculinity is demanded.

The underdeveloped boy is constantly comparing his strength or the size and appearance of his body with those of others his same age. In gym classes, at the swimming pool and other places this constant feeling of difference pursues the boy who is slow in acquiring the marks of a man. Some boys become desperate as is evidenced by the kinds of letters they write to those who they think can help them. The following letters are samples

"I have a very personal problem I would like for you to answer. I am a normal boy of sixteen except that my penis is underdeveloped. Naturally this is very humiliating and I would be so thankful if you would tell me what to do or what not to do to increase my penis to normal size"

"I am seventeen and have a baby look on my face that makes me look about fifteen. My weight is only 115 on a 5 ft 6 in. frame which makes me look pretty skinny. I know lots of fellows who are only fourteen who have better builds than I have. I am small boned, but do I always have to have a slight build just because I am small boned?"

"I have been taking 'shots' to make me develop, but so far they haven't helped much, as my organs are not nearly developed. Do you think I should continue taking 'shots'?"

What such boys need is objective information about development and the facts about individual differences. This can be given by a person who has the confidence of the boy and who has a knowledge of these physiological facts. Here again, the boy needs to be assured that lack of development is seldom the result of any personal habits he may have but rather to the interworking of heredity and environment.

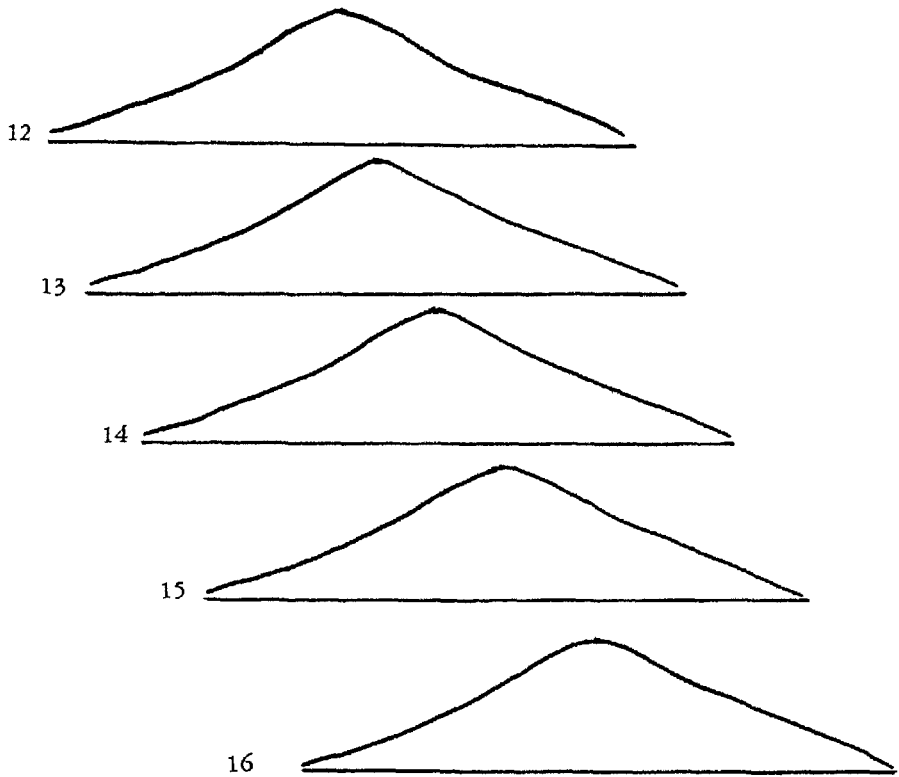
The period of adolescence is characteristically one of rapid growth for boys. During parts of this period a boy may increase in height several inches in the period of one year. Such rapid change is bound to have some effect upon the mental outlook of an individual, especially when society places special significance upon height as a social asset for men.

As is the case with all phases of physical growth, the most significant thing from the standpoint of individual behavior is the vast degree of individual difference in growth rate and final outcome. The extent of these individual differences can be clearly seen in the accompanying diagram which shows roughly the spread of individual heights at each age level from 12 to 18. It will be noted that while the average for each age moves upward very definitely each year the overlapping is so great that some boys are taller at 12 than other boys are at the age of 18.

Couple this fact of individual difference with the tendency in our society to place value on height as a social asset and one has the basis for many of the mental problems that face adolescents. The average height for adult American males is somewhere near five feet ten inches but there is an unmistakable desire on the part of growing boys to want to be over six feet. This desire is a part of the folklore that is passed on to the younger generation through the movies, popular novels, athletic programs and countless other ways.

It is usually not until a boy enters the age of adolescence that he becomes conscious of the desire to be just as tall as or taller than his companions. As he grows older and sees his associates growing it is only natural that any boy should be concerned lest he "fail to sprout" as one of them put it. If a boy is destined to be shorter than the average it usually means a definite adjustment of his conception of himself if he is to be happy about it. Some boys compensate for their lack of size by being small and powerful, or having good looks or some other socially valuable characteristic that will take the place of the proper

Theoretical distribution of heights at each age level, showing degree of overlapping although the average and range move upward.



body build. But compensation is the exception rather than the rule and by the very nature of the distribution of human abilities there is bound to be a large group of youngsters who feel themselves left out because of their physical appearance.

These boys are badly in need of the kind of counseling that will furnish them with something tangible to do with the assets they have. Many of them go in search of false leads some of which are definitely harmful. Unfortunately the athletic program current in the schools of America does not help this situation. Under the plan followed in many high schools of the country only a favored few "make the team". There is no rounded program to aid those who really need the help and certainly no adequate scheme of counseling to help those who are slated to be the shrimps. Evidence of the kind of counsel some boys obtain can be found in the following letter.

"My second problem is nerves. Yes, I believe I have some sort of nervous trouble which has absolutely crippled my athletic ability. This season I tried out for the basketball team at school at the tryouts. I was a failure. It started the moment I set foot on the gym floor. The coach signaled for the next five to start of which I was one. I started to tremble for some unknown reason, a chill swept over me, I was shaking. I didn't know what to do. The coach told me to scram."

A program of physical fitness is a worthy ambition, but it should be a program based upon the facts of individual difference rather than a romantic ideal set up by the movies or a snobbish athletic program. Development of each individual to the extent of his potentialities is the most sensible scheme, rather than the impossible situation at present where a few from the top end of the scale form the basis of endeavor for all others.

Organically, girls are smaller boned than boys. They are on the average shorter and lighter. This fact should not lead one to believe that the matter of individual differences does not enter in the adjustment of girls to their particular stature. The overlap in size between the various ages of adolescence is just about as great for girls as it is for boys. The significant thing is, however, that girls judge their size against a different social pattern. There is no pronounced desire to be over six feet. There is no burning zeal to surpass others at physical feats. While the desire of the boys is to be powerful, that of the girl is to be attractive. The measuring scale she places upon her physical development is in terms of the current social trend of attractiveness. At one time it may be thinness to the point of anaemia, at another healthful robustness, but in any event it is a social evaluation gathered from the style of the times.

During adolescence girls need counseling that will help them to be really attractive and not imperil their health with senseless dieting or other fads that have no real medical foundation. Mothers, teachers and others can be of help here in pointing out how one can be attractive even though healthy. Indeed, it may be possible to convince young people that being healthy is being attractive in the best sense of the word.

Both boys and girls worry about complexion. Many boys who have enjoyed unblemished skin during childhood find that a flock of unwelcome pimples accompany them through their adolescent years. In some cases this acne causes grave concern because the boy becomes convinced that he is not socially acceptable with the appearance he presents.

Because of the widespread nature of this adolescent plague various drugs have been concocted that allegedly relieve the condition. The fact that these drugs are advertised widely probably does not add to the peace of mind of the young people involved. In some cases the condition will respond to wise medical treatment, in others it will not. In any case the only intelligent course is for the adolescent to be under the care of a good physician who can work with the mental attitude toward acne as well as the physical condition that may underlie it. There is always comfort in knowing that many other people have successfully lived through a similar experience and that nearly always these pimples clear up after a few years.

LEARNING THE WAYS OF ADULT SOCIETY

Part of the problem of growing up in our society has to do with the legal definitions surrounding the individual. These definitions change as the individual goes up the chronological age scale. Without fanfare or formal notice the young person finds his behavior interpreted in a different manner by society in general as he gets older. Few young people have any appreciation for what these changes really mean. Certainly there are no ample provisions at the present time for instructing young people about these important changes in their standing in the social order. How many young people, for example, who live in states where the age 16 marks the change from juvenile delinquency to adult criminal status for the same offense know what this unheralded change means to them? How many adolescents have any conception whatsoever of what "breaking the law" means or why adult society sets up these definitions?

It would seem that any adequate program of guidance would include some introduction into the vagaries of adult legal systems that directly affect young persons.

Many young people get into trouble because of lack of understanding about the legal forms surrounding the automobile. In most states the age of legal driving is fixed as well as many other formalities that regulate the use of the car. Aside from the legal side of the question there is the plain and gruesome fact that the automobile takes a terrific toll in life and limb from the young people of the nation. This toll could be materially reduced through proper guidance of adolescents into the technics of modern society.

This is, to say the least, a realistic conception of guidance which so often is thought of as a clinical procedure involving for the most part personal interviews with individual adolescents. The contention here is that guidance is the

process of preparing young people to meet *all* of the problems they are apt to meet in a highly complicated society.

There is a distinct possibility that in the immediate past adults have been guilty of misleading young people into believing that life is a bowl of sweet cherries with no pits. There is a distinct difference between preparing young people to take an active and dynamic part in a democracy and letting them have their head completely with no restrictions and suffering no consequences for their lack of judgment or skill. Perhaps we have not seen the basic difference between a *laissez-faire* method of training and a democratic one involving strong and positive leadership.

Any sensible scheme of guidance must be predicated upon the basic assumption of life as it is . . . hoping perhaps that young people can improve upon it with our help . . . but accepting the fact that reality is the most important thing for them to face. Life is not like it has been pictured in some text books or as some classrooms are conducted. Even democracy involves many restrictions and limitations upon the individual. In a democracy more than any other kind of system the individual must assume responsibility. This cannot be learned by a scheme of education and guidance that is based upon complete freedom of action and *laissez-faire* teaching methods.

One of the most important things for a young person to learn early in life and continually through his growing experience is that freedom is not license, and that any system involving freedom of action carries with it certain definite responsibilities that cannot be postponed or neglected according to the whim of the individual. Furthermore individual freedom ends where the next person's rights begin and in many cases the collective rights of all persons are codified into laws that the individual who is to be adjusted must learn to accept or be unhappy.

This would suggest that any system of education or guidance to be effective must include an introduction to the established rules of life as they now exist. It may very well be that many of these rules should be changed, but it is not up to adolescents to change them—at least not until they have first learned to appreciate some of the reasons why they exist.

This may sound like an arbitrary method of preparing young people for life. It may seem like a far cry from the friendly, condescending type of guidance propounded in many circles during the last decade—it is. There is no real guidance in a completely trial and error procedure. There is little to be gained in attempting to have the adolescent find a happy adjustment by experiencing all of the errors of the past. The world in which young people will live is not ideal and perhaps never will be. Even adults must learn to accept the stream of culture as they find it or run the risk of social ostracization. To lead adolescents to believe that the situation is any different is to do them an enormous disservice.

Unfortunately the past concepts of guidance have grown mostly out of a psychology based almost entirely on the individual approach to behavior. A

sociological approach to the problem of guidance would never have advocated that the sole purpose of guidance is to help the individual develop a "rounded personality". More and more we are coming to appreciate the fact that guidance cannot be intelligent or complete without an appreciation for the social requirements involved. The main objective of guidance under this newer conception is to help the individual become adjusted to the requirements of modern life. These requirements are fixed by the culture stream and not by the individual or the psychological laboratory. They are part of the folkways and mores that encircle all humans. These customs may be contradictory, inadequate and out-of-date but they are the existing rules of the game. Anyone who is to be adjusted in a modern community must accept these definitions and then if he desires work slowly toward changing them. An adult does not stop only at the traffic lights he feels are necessary. If he is well adjusted in his community he stops at all of them. If he believes some of these lights should be removed he may agitate to bring this about, but in the meantime he continues to obey the changes from green to red. This is the only realistic view to take when trying to help young people appreciate the rules of adult society. To encourage the adolescent to batter his head against the wall of custom simply because these customs may be inconsistent is to invite him to choose a life of continual unadjustment. Some few individuals find happiness by being continually against the established order of things but to expect all persons to find adjustment this way is to overlook all we know about man and his relation to society.

Any adequate program of guidance must aim to help young people face the many different phases of life that confront them in modern society. They must be taught how to use complicated devices, how to buy goods, select a career, use their leisure, select a mate, raise children, participate in community activities. The preparation for modern life is a long and complicated process which goes on long after the individual has achieved physical maturity. It is a tremendous task and demands great skill and untold patience of those who undertake it.

It is quite apparent from the lists presented in the previous pages that many of the problems that adolescents face grow out of their relations with older people, especially older people who have some authority over them and some interest in their development. Part of this difficulty grows out of the fact that the adolescent is physically and mentally mature long before he attains social maturity. The youngster on the one hand feels the urge to be free from restraint and the adults on the other are unable to accept maturity as an accomplished fact. This difference between the adult and the adolescent point of view is magnified in our society because of the fact that the adolescent cannot go on his own until many years after he is physically capable of doing so. Furthermore, not many efforts have been made to create responsibilities for young people that will give them a chance to feel grown up and needed in the community. In other words, it can be said rather definitely that many of the problems that adolescents face in our society grow out of the attitude that adults have toward them.

This would suggest that guidance in these cases may demand a change of attitude on the part of the adults most directly connected with the adolescent. This is not always possible and may require the removal of the adolescent from the configuration in which he finds himself. It suggests further that many of the problems facing adolescents could be minimized if intelligent and systematic attempts were made by adults to help young people reach social maturity at an earlier age. Many of the problems facing young people could be eliminated or at least simplified if they could assume more responsibility, earn their own living and feel a part of the adult community.

LEARNING TO USE LEISURE

The normal adolescent in America can expect to enjoy a considerable amount of leisure time. The postponement of gainful employment and the gradual but definite reduction in working hours over the past few decades have combined to give the young people of this country an unprecedented amount of leisure time. The slow but persistent move of families from the country to the city has taken from the adolescent, especially the boy, the task of daily chores. An increased leisure is one of the main gifts of modern industrial society to young people.

Play and leisure pursuits have been looked upon traditionally as natural phenomena of childhood and youth. That children need guidance in the use of their leisure is a concept that has come to be generally accepted only in the last twenty-five or thirty years. Today there is a growing recognition of the need for guidance in this important area. Youth agencies providing leisure activities have been on the increase and in recent years there has been a distinct trend in the direction of definite leisure education in the schools of America.

As long ago as 1918 when the seven cardinal principles of secondary education were developed "education for the worthy use of leisure" was set up as one of the aims of the high schools of the nation. Since that time there has been an increasing emphasis on this type of training until today one finds text-books available for use in the schools dealing with leisure and recreation.*

The need for definite guidance in the use of leisure time arises from several directions. First of all with the increase of leisure time there has come a tremendous upsurge in the number and variety of commercial amusements. There has been an especially noticeable increase in the number of spectator type amusements which involve little or no participation on the part of the audience. Many of these are of questionable value and some are definitely harmful to the individual. At best they represent a shallow participation and little or no real development either physical or mental for those who participate.

Another reason for the need for guidance in leisure activities is the fact that one must learn constructive leisure pursuits just as he does reading or writing or arithmetic. Many leisure activities today are such as to demand a definite

*cf Partridge, E. D. and Mooney, C. E., *Time Out for Living*. American Book Company, New York, 1941.

amount of skill. The interest of any given individual depends almost entirely upon his ability to succeed in the activity. If the learning of these skills is left to chance only a few young people will ever have any appreciable exposure to the wide range of leisure activities available today.

One needs but survey the leisure activities of typical adolescents to find how drab and limited they are for the most part. A recent study of the leisure pursuits of young people in New York City* comes to the following conclusion.

"In spite of all that New York City has to offer—its incomparable cultural advantages, its expanding and improving public recreation program—its young people, especially after they leave school, spend their leisure largely in the narrow routine of reading newspapers and magazines, radio listening, and going to the movies. The number who have a stimulating out-of-door activity, a creative or constructive leisure occupation, and adequate social contacts may seem large until it is compared with the number who do not. Few, compared with the number that should, have any opportunity to engage in sports, few have any other fun or diversion than the movies; almost none have any hobbies or recreational skills with which to fill unoccupied hours. Few have any organized or group interests. Very few are reached by the character-building organizations and very few belong to any organization that has the advancement of the common good for an objective. Youth as a whole has little to do with the arts either as producer or consumer. Almost all the reading done is pastime reading and largely of an inferior kind. Only 19 per cent of the boys and only 11 per cent of the girls have a satisfactory leisure, measured from the point of view of a balanced ration."

If this study represents the youth of America generally, and there is reason to believe that it does as far as leisure pursuits go, then there certainly is need for a more wide-spread and comprehensive program of leisure training for young people. The day should come when every young person who goes through the public schools will have a definite exposure to many wholesome recreational activities with ample opportunity to learn the skills required in a sufficient number of these activities to insure some participation after graduation. Record should be made of leisure activities and those who are not reached by this training program should have guidance that will help them develop constructive leisure pursuits.

A comprehensive program of leisure education would go far to reduce adolescent problems in the other areas treated in this chapter. Many of the problems that arise out of the relationships between the sexes, or the frustration encountered when one cannot make the team would never arise where adolescents had ample opportunity for wholesome leisure activities.

*McGill, Pauline Nettie and Mathews, Ellen Nathalie, *The Youth of New York City* Macmillan, New York, 1940

Some communities have sensed the need for this type of guidance and have created recreation departments in connection with the school program or wherever it happens to fit best in the local administration. The school administration is a logical place for such a program because of the fact that so many excellent facilities are available through the schools and go unused many hours of the day unless there is an organized recreation program of some kind.

WHAT IS GUIDANCE FOR ADOLESCENTS?

It is fortunate that young people do face problems of various kinds and of a persistent nature. The best way for the personality to grow is through continually meeting new situations, making decisions and succeeding ultimately in finding a workable plan of life that reduces useless struggle and frustration to a minimum.

While it is true that continual struggle is necessary for proper personality development, it does not follow that all struggle is good. Some forms of struggle are devastating to the personality and should be avoided wherever possible. One kind of unfortunate struggle is that in which the individual sees no sense. Continual unrewarded effort expended toward some unseen goal is a particularly painful experience to intelligent human beings. It is not hard work that causes nervous breakdown, but combination of work, worry and a sense of frustration.

Applying this evaluation of struggle to adolescence it simply means that a sound guidance program should not seek to eliminate problems, but rather to help the individual find a way to conquer them with some success. Furthermore, sound educational practice demands that useless and frustrating experiences be reduced to a minimum. There is little growth to be gained in coping with overwhelming odds or with factors far beyond one's control. If the individual can see no sense in the struggle or no hope of solution he is apt to retreat entirely from the situation or fight blindly against it.

The devastating effect of the impossible situation upon the personality has been amply demonstrated by experiments upon various kinds of animals. Sheep and hogs develop definite neurotic tendencies when they are continually confronted with situations that baffle them completely. The same thing has been demonstrated with rats in learning situations. Repeated frustration brought complete lack of interest in the learning problem even though failure to solve it meant going without food.

The number of serious mental difficulties that develop during the period of adolescence in our society ought to be evidence enough to indicate the presence of basic frustrations. Those interested in guidance for adolescents should recognize the importance of helping to create a society where young adults can mature socially through feeling that they are wanted and needed.

Many of the problems that confront a guidance specialist could be eliminated if adolescents were given more opportunities to show their mettle and were treated by adults as the mature individuals they are.

This treatment of the guidance needs of normal adolescents has of necessity been sketchy. More detailed treatments will be found in the references listed below

The following specific suggestions in dealing with adolescents are presented as the result of actual experience in dealing with both individuals and groups in a guidance capacity

1. Most adolescents are striving to be adults. Even though they are badly in need of guidance they will resist any approach that is condescending or that does not recognize this basic desire they have to appear mature

2. Specific suggestions about specific needs are much to be preferred over against vague moralistic generalities.

- 3 In dealing with any problem keep in mind the social configuration in which the individual is striving to keep an adjustment. Nearly all guidance problems arise out of relationships with others. It is sometimes possible to dissipate problems completely by shifting factors in the background of the individual such as family attitudes, lack of status in a friendship group or useless, uninteresting but required courses in school.

- 4 Try and prepare the adolescent for the kind of world he is apt to face not the kind adults wish existed but as yet have been unable to create. Young people must start to build a new world on the realities of the present one . not on vague ideas of what could be

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GUIDANCE IN SECONDARY SCHOOLS

By

CLIFFORD E. ERICKSON

CHILD guidance programs have usually developed in local schools as a response to insistent demands for better educational services. The earlier guidance programs gave much attention to the vocational needs of youth. This emphasis was a natural development because of the lack of interest in the vocational aspects of child development. As other needs of youth became more apparent, guidance programs enlarged their scope of activity. There is, therefore, a close correlation between the uncared-for needs and problems of children and the scope and utility of the guidance program.

STAGES OF DEVELOPMENT

As a result of this "response to unsatisfied needs" type of development, we find that there has been but little uniformity in the guidance movement. The program in each school is a response to different conditions, to different pupil needs, to different staff facilities, to different home and community conditions. There have been many guidance programs, many concepts of guidance, many different services offered by the guidance program.

The Curative Period

During this earlier period the guidance program responded to particular evidences of maladjustment. Far too many pupils were failing, many students needed glasses, there were too few pupils getting jobs, there were many pupils causing disturbances. The guidance program attempted to cure each of these school and individual difficulties. The program served as a physician attempting to help the patient after the disease has been contracted.

The Preventive Period

It became apparent that many of these difficulties could be prevented. Studies were carried on to locate the source or cause of maladjustments. Changes were made in the curriculum and in other phases of the school program to better prevent difficulties from appearing. Guidance was entering what has been called in medicine "preventive medicine."

The Productive Period

Guidance programs are just beginning to enter upon a concept of guidance which might be called purposive. To find for each child the most productive, the most effective, the most wholesome learning environment. This concept of guidance envisages new learning possibilities for each child, new concepts of individualized education, new uses for home and community learning resources, new uses for the creative talents of teachers, new methods for preventing problems and frustrations.

THE SERVICES OF A GUIDANCE PROGRAM

It would be possible to detail several hundred specific services of a guidance program. But, in most secondary schools the following ten items represent the major or large group services:

1. To provide a school anchor (a school home) for each child.
2. To help classroom teachers learn as much about their pupils as possible.
3. To carry on a consistent search for more information about the needs, interests, abilities, aptitudes and experiences of pupils.
4. To help the school to understand and to use the educative influences of home and community more effectively.
5. To help teachers to understand the importance of maturation levels.
6. To provide special services for the outstanding deviates (unusually able, pupils least able to learn, poor readers, physically handicapped, and other pupils not adequately cared for by the typical school program).
7. To provide opportunities for individual counseling through individual conferences with each pupil.
8. To help all members of the school staff to learn to use tests, records, and other instruments more effectively.
9. To provide those necessary supplemental services not now included in the regular school program. Such services might include: more adequate provisions for the vocational needs, better health services, greater attention to the social development of pupils, placement, etc.
10. To carry on regular follow-up studies and to provide advisory help to those who have been students of the school

ORIENTATION IN THE SECONDARY SCHOOL

Almost all secondary schools are beginning to use a few orientation practices to enable pupils to "bridge the gap" more easily. Some of the more effective practices will be recorded here. The effectiveness of each of these suggestions will be determined by factors in each school. It is necessary to repeat—each school must "grow" its own guidance program.

Visiting the Elementary School

Many schools are now encouraging this type of visitation. Counselors from the high school visit and confer with pupils and teachers in the elementary schools

The following outline shows some of the many possibilities:

- a) Talk to pupils in an assembly in the elementary school.
- b) Provide each elementary school pupil with a handbook
- c) Discuss the curricular and extra-curricular offering with each pupil.
- d) Secure the records from the elementary school and transfer these records to the high school.
- e) Have an evening meeting with the parents of the eighth grade pupils.
- f) Find out from the pupils what questions they have about the high school.
- g) Have high school students talk with pupils from the elementary school.
- h) Encourage elementary school pupils to define for the high school the outcomes they desire from their continued education.

These are only a few of the many activities that can be carried on in the local elementary school. It is apparent that much can be done to more easily "bridge the gap"

Freshman Day

Many high schools are now encouraging incoming pupils to visit the school a day or two before school gets under way. Some such program as the following might be followed. Welcome by the high school, tour of the building, explanation of special features of school plant (library, swimming pool, cafeteria, etc.), visit to own homeroom, conference with homeroom teacher, selection of classes and extra-class activities, and a chance to attend an interesting high school program. Some schools use Big Brothers and Big Sisters to help. In some high schools the elementary teachers are also encouraged to visit the high school and a program is provided for them.

Orientation Classes

The number of schools providing orientation experiences during the first semester is rapidly increasing. Some schools have established required courses in the first semester. These orientation classes carry regular academic credit. Other schools use the homeroom, regular assemblies, or other group meetings to help pupils. The following list of topics* represent many of the problems considered in these orientation classes:

- I I'm in High School Now
High School Is Different
Education and Schools
- II Succeeding in My Studies
Why Should I Study
Regularity in Attendance

*S. A. Hamrin & Lois McColloch (McKnight & McKnight, Bloomington, Ill., 1939), *Making Good in High School*, Table of Contents.

- Surroundings Can Be Conducive to Good Study
- Be Systematic
- Your Method of Reading
- Concentration Plus a Good Vocabulary
- Yourself
- Health
- III Participating in the Life of the School
 - School Publications
 - School Assemblies
 - Literary, Dramatic, and Forensic Activities
 - Athletic Activities
 - School Clubs
 - Musical Activities
 - Social Activities
 - Student Participation in Control
 - Auxiliary Activities
- IV Becoming Acquainted with the Building
 - Locating the Offices
 - Utilizing the Library
 - Other School Conveniences
- V Preparing for Examinations
 - Ability and Grades
 - Honesty in Homework and Examinations
 - Daily Preparation versus Cramming
- VI The Freshman and the Staff
 - Teachers as Counselors and Advisers
 - Why You Should Ask Questions
 - The Meaning of Participation in School Government
 - Governing Oneself
- VII The Freshman and His Classmates
 - Common Interests in the Homeroom
 - Friendliness Toward Classmates
 - Crushes are Bad
 - Learn to Know Many Nationalities
- VIII How a Class Can Become a High School Organization
 - How a Class Is Organized
 - Qualifications for Good Officers
 - Parliamentary Procedure
 - Additional Points of Parliamentary Procedure
 - Social Activities of the Class

- IX High School Spirit
 - We Are Beyond Junior High School
 - Attitude of Freshmen Toward Upper-Classmen
 - Demonstrating Freshman Spirit
 - Being a Good Sport
- X Work Without Play Makes Jack A Dull Boy
 - Value of Play to School Work
 - Value of Play in Developing Personality
 - Play as a Health Activity
- XI School Traditions
 - Traditions Regarding Extracurricular Activities
 - Conduct at Social Events
 - Class Behavior
- XII Regulations for Irregularities
 - During School Hours
 - Attendance Suggestions
 - Personal Handicaps
 - Other Suggestions
- XIII Growing-Up
 - Mental Maturity
 - Emotional Age
 - Social Age
 - Growing-Up Vocationally
- XIV Improving My Personality
 - Take a Look at Yourself
 - Become Interested in Others
 - Learn To Do
- XV My Future Vocation
 - Studying Oneself
 - Looking About Us at the World of Vocations
 - Thinking It Through
- XVI Planning My Next Three and One-Half Years
 - Importance of Succeeding in High School
 - Requirements for Graduation
 - Education for Complete Living
- XVII The Qualities Which I Will Take Into Second Semester
 - Another Look at Study Habits
 - Knowledge
 - Personal Improvements
 - Grades Which Correspond with Ability
 - Qualities of the Good Citizen
 - Special Interests

LEARNING ABOUT THE HIGH SCHOOL PUPIL

An important service of the guidance program is that of helping the school learn about its pupils. It is becoming increasingly apparent that an effective program of democratic education is very dependent upon this pupil information. The guidance program of a secondary school has two important "pupil learning" responsibilities. It must develop the techniques and carry on the research necessary to secure significant information about pupils, and the guidance program must make this information available to all of the members of the staff. This latter function is a newer but very important part of the service responsibilities of guidance workers.

WHAT DO WE LEARN ABOUT PUPILS

A guidance worker is first prompted by an interest in people. Secondly, if he is actually to be effective in guidance work, he needs to have reliable insight. These two, however, are not enough. He needs to develop skills and techniques in guidance work to give effective results. He begins with individuals as a part of a group and a part of a teaching situation. The problem is to come to know them as individuals, and to make the teaching situation serve guidance purposes. What areas of understanding are important? The pupil's hopes and desires, the influences which surround him outside of school, the talents and interests he possesses, and how these in their various ways affects his behavior. The guidance worker needs, then, specific types of information about these various aspects of the pupil's life.*

1. *Home and parental influence.* Within this area are powerful factors contributing to the lack of or the possession of a sense of security, of well-being, of harmony with self and with others, of desire to achieve and of a wholesome outlook upon the present and the future.
2. *Community interests and experiences.* Before school age the child becomes a part of community relationships. He attends Sunday School, plays with neighborhood children in a community sandbox, and in many other ways receives the impact of influences beyond the radius of his home. Neighborhood customs, small town or rural conventions, urban intolerance or impersonality, religious philosophy or dogmatic belief combine to make the individual respond as he does under given circumstances.
3. *Educational development.* Of all background experience this information is likely to be the most easily obtainable. Progress, development, achievement as shown by records, unusual deviations from established norms, experience in summer camps, traveling—all are regarded as of significant value in understanding an individual.

*Erickson, C. E. and Hamrin, S. A. (McKnight & McKnight, Bloomington, Illinois, 1939), *Guidance Manual for Teachers*, pp. 22-23.

4. *Health.* All available records and sources of information regarding the pupil's general health are of great significance in attempting to understand him.
5. *Social development.* It is vital to have a knowledge of the degree of ease and willingness with which an individual makes social contacts, participates in social activities, accepts the responsibility of leadership, and enters into co-operative enterprises. The teacher can make a great contribution to the future happiness of a pupil, no matter what the past may have held, if he can help him to be socially well-adjusted.
6. *Emotional maturity.* In giving attention to mental health and personality development, the emotional stability and the emotional patterns of an individual call for a great deal more study than has been given them in the past. The degree of emotional maturity and the causes contributing to emotional disturbances should be given very careful consideration.
7. *Personal plans, objectives, or goals.* The presence or lack of goals in an individual's life has much to do with determining the kind of guidance he needs. Within this area may be included: his recreational and leisure time interests, his vocational choices made from time to time during his childhood and early adolescence; his favored occupational goal; his desires toward social approval and acceptance, his heterosexual adjustment and his developing views toward marriage, his modifying philosophy of life as determined by his principles of conduct.
8. *Aptitudes and abilities.* The extent to which desired goals may be achieved and social approval made possible lies within the potentialities of the individual. Much depends on his aptitudes and abilities. The teacher's challenge is to develop to a maximum the pupil's potentialities.
9. *Patterns of response and adjustment.* The degree of self-reliance with which an individual meets his new experiences is largely determined by the patterns of response which have brought him success in the past. A knowledge of his adjustment and response patterns is essential. It is of the greatest importance that a pupil be studied as a functioning member of a group.
10. *Significant experiences.* Such records tend to indicate those experiences which have influenced greatly the pupil's patterns of behavior.
11. *Free reading.* The free reading of the pupil can be most important in indicating the real interests and also revealing the problems of the pupil.
12. *A record of all tests and examinations.* This cumulative record of a pupil's effectiveness in a test situation is all-important. Every guidance worker must be able to understand and use this type of information.

13. *Oral English and speech record.* This reveals much about a pupil's self-confidence, speech handicaps which cause other difficulties and his oral relationships to others.
14. *Interests* An analysis of the developing and changing interests of an individual is of the greatest importance in understanding that individual.

These fourteen areas or approaches indicate phases of a pupil's activity which are of interest and significance to the guidance worker and to the staff. In few schools will it be possible to obtain all of this information, but in most schools it is possible to secure more significant information than they have at the present time.

Sources of Information

There are far too many sources of information about secondary school pupils to be able to cover adequately in this short section. Mention will be made of a few of the most effective sources of information and in a few cases some suggestions will be made regarding the uses of these sources.

Records and Reports

One of the most important sources of information is the cumulative record. Unfortunately, skill in the use of these instruments has not kept pace with the development of better records. In the secondary school the following suggestions will prove helpful in developing a record system.

1. The records should be convenient.
2. They should involve a minimum of clerical and teacher time.
3. They should be kept by the person knowing the pupil best and the person serving as his advisor.
4. They should show trends in development.
5. They should be available to all people using them for the benefit of the child.
6. They should record significant phases of behavior.
7. They should provide for the recording of items in a meaningful way.
8. They should show relative accuracy and importance of items.
9. They should show behavior items in their relationship to the situations in which they occur.
10. They should be flexible enough to meet needs of individual pupils.
11. They should show a cross-sectional view of the pupil as well as cumulative experience.
12. They should include many types of materials furnished and analyzed by the pupil himself.
13. The introduction of a record system should be preceded and followed by a teacher training project to help teachers understand and use the records.
14. Teachers and pupils should participate in the preparation of records.

15. A record system should not be instituted until teachers feel a need for this type of guidance instrument.

Interviews

Much of the success of the guidance program depends upon the basic technique of interviewing. The following suggestions indicate the primary purposes of the interview.

1. To secure additional information about the pupil.
2. To aid the student through cooperative thinking to plan a program of action to deal with his problems.
3. To establish "rapport" and a feeling of mutual understanding between pupil and teacher.
4. To assist the pupil to better understand himself.
5. To present such information as will be helpful to the pupil.
6. To obtain such information regarding the pupil's problems as will be useful in determining those individual problems which are common to several pupils and which can be used as a basis for group discussions.
7. To assist a pupil to recognize new interests, needs, or opportunities.

Every secondary school pupil is entitled to a lengthy interview at least once a semester. This personal planning with a competent advisor is essential. These interviews may attempt to serve very different purposes.

1. To get acquainted with the pupil.
2. To periodically check with the pupil to evaluate progress and make future plans.
3. To help each pupil choose his subjects.
4. To help each pupil solve his vocational problems.
5. To discuss future plans.
6. To help each pupil as he leaves school.

Tests and Test Inventories

A guidance program in the secondary school is incomplete without the use of carefully selected and wisely used tests. These "written interviews" can give much information in a minimum of time with a maximum of accuracy. The types of tests used (academic ability, achievement, social and personality, and vocational interest and aptitude) must be adapted to local needs. The guidance program can use tests to:

1. They can be used to discover aptitudes and abilities.
2. They can serve to locate interests and to locate potential interests.
3. They can locate areas of relative strength and weakness of a pupil at a particular time.
4. They can serve to show trends in achievement and interest over a period of time.

- 5 They can measure relative competence in a particular field
- 6 They can be used to help determine the instructional needs of an individual or a group.
7. They can help a teacher discover relative effectiveness of different materials and varying methods of teaching.
- 8 They can assist the pupil to appraise his own development
9. They can serve to prevent overlooking possible needs, to safeguard against error, and to insure careful attention to each individual
10. They can be of assistance in selecting courses in future educational planning.

Information Blanks and other Insight Instruments

There are many types of instruments included in this category. Most of them are useful in the secondary school if properly used. Space does not permit more than a listing of the many such instruments now available.

- 1 Background Information Blanks are now used in many schools. Some commercial blanks are available
2. The autobiography is a useful device.
3. Diaries can be very helpful.
4. Short papers written by the pupil can be very revealing. The following topics are a few that can be used
 - a. My family, my birthplace, my home, and my community
 - b. My school experiences
 - c. My likes and dislikes, my interests, and my hobbies.
 - d. My vocational interest and what I plan to do when I start working
 - e. My contacts with other people, my friends, clubs. People I know.
 - f. My problems and difficulties. Things I dislike
 - g. My most worthwhile experience
 - h. Things I can do best. Honors and awards
 - i. How I spend my leisure time
 - j. The books and magazines I like to read.
 - k. The person I admire most
 - l. My plans for the future.
5. Personality rating scales can be purchased or the school can develop its own instrument
6. A "choice of seat" chart is always valuable in showing the lines of relationship in any group

Home Visitation

It is essential that a program of home visitation be included as an integral part of the "pupil learning" process. This all-important contact has too frequently been neglected. During the next few years rapid development will take place in the use of home visitation.

Other Sources

There are many other sources of information about pupils. Space does not permit a complete listing of all of them.

1. Observations
2. Case studies
3. Case conferences
4. Medical and dental offices
5. Other teachers and members of the staff
6. Friends of the pupil or members of his gang.

Every effective guidance program must rely heavily on many of these sources of information about pupils. It is important that as many of these insight instruments be used as possible.

GUIDANCE BY THE CLASSROOM TEACHER

An effective program of guidance in the secondary school is seriously conditioned by the work of the classroom teacher. In the past, too little emphasis has been given to this all-important factor. It is encouraging to note the recent movement towards an in-service teacher education type of guidance development. There are four major aspects of the role of the classroom teacher.

Helping Teachers Learn about their Pupils

It is very important for teachers to know their pupils. Every classroom teacher should ask herself the following questions.

- I. Am I acquainted with each of the pupils in each of my classes?
 1. Do I know his intelligence rating (academic ability)?
 2. Do I know his reading ability as measured by standardized reading tests?
 3. Am I acquainted with most of the important details of his past academic record?
 4. Am I acquainted with his parents and his home situation?
 5. Am I acquainted with the results of other tests he has taken?
 6. Am I acquainted with his own plans for his continued education?
 7. Am I acquainted with his vocational plans?
 8. Am I acquainted with the pupil's educational goals (his own educational purposes)?
 9. Am I acquainted with his likes and dislikes?
 10. Am I acquainted with the condition of his health?
 11. Am I acquainted with his abilities and his weaknesses?
 12. Am I acquainted with his problems and frustrations?
 13. Am I acquainted with his social relationships—his friendships—his group contacts?
 14. Do I know how he spends his leisure time?
 15. Do I know about the unusual experiences he has had?

16. Do I know what other teachers think about him?
17. Have I helped him become acquainted with each other pupil?

Helping Teachers Reorganize their Subjects

The secondary school guidance program should serve to help teachers reorganize their materials and their activities. Classroom teachers should be helped to understand more clearly the needs, interests, abilities and problems of their pupils. Out of this understanding should come new classroom activities. Each subject teacher should ask

- II. Am I constantly reorganizing my subject and my teaching in view of what I know about my pupils?
 1. Am I selecting subject content in terms of the needs, interests, and abilities of my pupils?
 2. Am I permitting pupils to participate in the selection of course content and the materials to be used?
 3. Am I attempting to find many applications to the life problems and experiences of pupils?
 4. Am I reorganizing my subject because of information I gather about home and community conditions?
 5. Am I permitting a great deal of choice, and flexibility so that each pupil can find his most worthwhile activities?
 6. Am I assisting pupils to develop the "how to study" techniques necessary in my field?
 7. Am I using the educational resources of the community as a part of my class content?
 8. Am I making my assignments clear?
 9. Do I help pupils clearly understand the purposes and values of my subject?
 10. Do I commend pupils for work well done and for serious effort?
 11. Am I giving my pupils as much information as possible about the "world of work"?
 12. Am I learning a job skill (other than teaching) so that I can be better informed about the working world?

Guidance Services through the Curriculum

Each subject should make a distinctive contribution. The following questions represent some of these worthwhile services:

- III. Am I using my subject to provide special services to each pupil?
 1. Am I including as much vocational information in my subject as possible?
 2. Am I suggesting the vocational possibilities resulting from a study of my subject field?
 3. Am I using my subject as a means for teaching good health habits?

4. Do I try to solve as many pupil problems as possible through my subject?
5. Am I encouraging each pupil to develop his unique interests and abilities through my subject?
6. Am I helping each pupil develop more productive social relationships and personal friendships?
7. Am I using my subject to help pupils with problems they face out of school (grooming, etiquette, poise, ability to write letters of application, etc.)?
8. Am I helping pupils select the courses they should take in my subject area?
9. Do I assist pupils to select their extra-curricular activities?
10. Do I use my subject as an opportunity for pupils to learn to make more intelligent decisions?
11. Am I using the extra-curricular activities to further pupil development?

The Classroom Teacher Prevents Problems

In addition to the services already mentioned the subject teacher can assist in preventing many difficulties from occurring. Her's is the task of recognizing many difficulties during their early stages. Each classroom teacher should ask herself:

- IV. Am I attempting to prevent difficulties from developing?
 1. Am I trying to find pupils who are unhappy?
 2. Am I looking for pupils whose attendance record indicates difficulties worthy of further study?
 3. Am I attempting to find out more about pupils who are always late with their work?
 4. Am I trying to locate pupils with evident lack of interest in the class?
 5. Am I trying to find pupils whose physical condition may handicap their school work?
 6. Am I locating pupils who seldom or never succeed in their subjects?
 7. Am I locating pupils whose home conditions militate against their success in school?
 8. Am I locating pupils in danger of leaving school before graduation?
 9. Am I locating those quiet pupils who need encouragement and social development?
 10. Am I finding some activities which the less capable pupils can carry successfully?

11. Am I locating those pupils whose problems arise out of personal handicaps (physical defects, poor clothing, foreign tongue, etc.)?
12. Am I locating those more able pupils who are not working up to their abilities?
13. Do I show a personal interest in any pupil who is in trouble?
14. Do I try to help other teachers better understand some of the pupils with whom I am well acquainted?
15. Am I trying to locate and help the pupils handicapped because of poor reading ability?

It is apparent that the classroom teacher can make important additions to the guidance program. Most secondary schools are not sufficiently concerned with developing better methods for helping teachers.

INCREASING VOCATIONAL MATURITY

One of the most important services rendered by the guidance program is that which emphasizes greater vocational maturity by pupils. It is becoming increasingly clear that an "education for life" as well as an "education is life" concept includes vocational growth as a primary factor. The guidance program should, therefore, make a maximum contribution here. The following major items would be included in an effective vocational guidance program in the secondary school.

1. Some consideration in the elementary school. Vocational guidance should be a from "birth to death" program. Elementary school should introduce the pupil to the world of work.
2. Some vocational guidance when high school subjects are being selected.
3. Exploratory courses available in sciences, math and other fields.
4. Adequate analysis of the individual pupil in terms of vocational interests, outstanding skills and abilities, vocational experiences and opportunities.
5. Adequate chances for individual counselling with competent vocational advisors.
6. Vocational emphasis in all subjects.
7. Ample vocational reading materials in the library and used in school subjects.
8. An elective course in self-analysis and choice of careers.
9. A series of special services.
 - a. occupations day
 - b. vocational studies of local community
 - c. special assembly programs
 - d. movies on vocations
 - e. career clubs and other vocational extra-curricular activities
10. Actual try-out and work experiences.
11. Placement services.
12. Follow-up services.

A vocational guidance program has many services to perform. The above list indicates briefly a few of these important needs. The future should witness much expansion in this area

HELPING PUPILS LEAVE SCHOOL

The school's responsibility does not end on the day pupils leave. Instead, many schools are now assuming the task of helping pupils until they are securely settled in job or school. Recent governmental attempts at post-high school agencies should indicate to all school administrators that the needs of this group are important and will be met by some agency. Secondary school may advisedly attempt to provide many of the following guidance services.

1. Promote an immediate increase in the proportion of high school pupils who finish high school.
2. Hold an individual conference with each pupil as he leaves.
3. Help to provide opportunities for pupils to develop vocational skills which they can sell.
4. Make available continuation study opportunities in the evening.
5. Have counselors available in the evening to help out-of-school youth.
6. Coordinate and direct the activities of the many youth-serving organizations.
7. Provide vocational placement services either directly or in conjunction with state employment services.

These are a few of the many activities we can provide to assist youth leave our secondary schools. The past is dark because of our indifference to pupils at this all-important terminal point. These learning, placement and follow-up activities can help us better determine the educational program in the secondary school.

COOPERATION WITH HOME AND COMMUNITY

A guidance program at the secondary school level envisages close cooperation between the school and the home. It also includes extended use by the school of the educational and guidance resources of the community. As a natural result of these two policies.

1. Teachers and counselors frequently visit homes and get acquainted with parents.
2. Cooperative educational plans are drawn up by parents and school.
3. Counselors are available in the evening to talk to parents.
4. Pupils spend much of their time in the community.
5. Industrial and occupational opportunity studies are undertaken.
6. The industrial resources of the community are used to provide opportunities for skill training.
7. Industrial teachers in the community are encouraged to talk to the high school pupils.

8. The school assists community organizations interested in youth to do a more effective job.

All of these steps leading to better home and community cooperation with the schools can be undertaken. Few high schools can afford not to do these important tasks.

EVALUATING THE GUIDANCE PROGRAM

We must also provide for the measurement of the guidance and personnel program. Although no completely objective techniques are yet available, we can ask and attempt to answer questions such as the following.*

- "1. To what extent are pupils aided in bridging the gap to high school?
Are they informed about the high school and its work? Are they personally contacted before they start school? Have they been assisted in their planning for high school? Have parents participated in this process? Have pupils been helped to use all of the facilities of the high school? Does the high school get complete information about the pupils before they come?
2. To what extent are pupils oriented to the school?
Are they the center of personal attention during the first few days of school? Does the school start its program somewhat earlier for these students? Do the pupils receive assistance in learning about the school building, the library, gymnasium, cafeteria, study halls, and other special facilities?
3. To what extent does the school learn about its pupils?
Is there concern for learning about the pupils? Are adequate, cumulative records started? Is there real concern for the "whole pupil"? Are attempts made to learn about the pupils' homes? Does the school actively study the pupil-in-the-situation?
4. To what extent is the school concerned with assisting each pupil to make maximum progress?
Is the guidance program actively interested in the most positive development of each individual?
5. To what extent are all pupils benefiting from the guidance program?
What proportion of the student body receives definite assistance? Has the program concentrated its attention on the behavior problems, the failing pupils, and other equally evident problems to the exclusion of a broad program of services?
6. To what extent does the guidance program render all types of services?
Are pupils given help in educational, social, recreational, physical, mental, and vocational planning areas? Is there concern for the total development of the child?

Erickson, C. E. and Hamrin, S. A. *Guidance Manual for Teachers*, McKnight and McKnight, Bloomington, Ill. 1939, pages 105-107.

7. To what extent is the school actively reorganizing its program because of the guidance program?
Does the guidance program furnish those insights and suggestions which make for constructive change? Is the school sufficiently interested in its pupils so that it will reconstruct its program in terms of their needs?
8. To what extent does the school encourage, coordinate, and direct the development of community guidance services?
Does the school take the initiative in encouraging community agencies? Does the school help to coordinate all of the services of the community? Is the school responsible for a developing "youth centered" community spirit?
9. To what extent are parents cooperating with the guidance program?
Are parents informed of what the school is attempting? Do the teachers visit the homes? Do parents furnish worthwhile information? Does the guidance program attempt to assist parents?
10. To what extent are teachers becoming "teachers of children"?
Or are they still subject specialists and hearers of lessons? Are they becoming interested in guiding the all-around growth and development of children?
11. To what extent are pupils participating in determining the life of the school?
Has the guidance program provided opportunities for pupils to more actively participate in planning and directing their own learning?
12. To what extent are pupils informed of future vocational and educational opportunities?
13. To what extent are pupils assisted to bridge the gap to college, to life, and to employment?
Does the school assist with placement problems? Are pupils actively studying and planning their futures?
14. To what extent does the school study and follow up former students? Does the guidance program "follow through"?
15. To what extent has the guidance program stimulated a community interest and a community program for its youth?
Has the guidance program attempted to enlist the understanding and support of the entire community?
16. To what extent is guidance becoming a continuous process of service', participated in by all members of the school and benefiting all members of the school? Are pupils becoming increasingly self-directive?"

The whole field of guidance and personnel work is in its infancy. During the coming years, more attention will be given to its integration into the entire life of the school; into dealing with problems significant to students; into a program for teacher growth, into an attempt to meet new educational needs; into a program of service for all students; and into a consideration of the positive development of the individual.

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THE GUIDANCE OF THE SUPERIOR CHILD AND THE PRODIGY

By

ERNEST HARMS

THE experience of God and of genius is generally considered the highpoint in human existence. Even the most primitive and materialistic mind has an innate striving towards greatness, either for the purpose of gaining power over its social surroundings, for the admiration and acknowledgment of family or community, or for a variety of rewards up to that of having done something immortal for mankind. The accomplishment of great deeds, for whatever purpose, has been considered as carrying the sparks of the eternal deity to our earthly life, and the individuals who have accomplished them have rightly been admired as the benefactors of mankind and the bearers of human progress.

We must confess that we are still far from having any real understanding of the psychological factors which cause an individual to accomplish deeds of which the average healthy human being is incapable, or of the means to create the ability for such deeds through education. Those of us who believe that we can understand and create human greatness through education and those who do not believe are equally divided.

There is, first of all, a fundamental difference between the interest in greatness or genius and the actual scientific study given to it. No special literature is more voluminous than that concerning the life and works of the immortals. But one could gather together on a small bookshelf all of the scientific studies relating to the psychological background of the successes of the great men of history; and a major portion of this small series of books is given over to those whose purpose is to prove the underlying relationship between the mind of genius and that of the insane. Although nothing is of greater interest to the ordinary man than the thoughts, deeds and life experiences of extraordinary men, nevertheless he feels a certain satisfaction when he can assure himself, even by questionable logic, that the possession of any more talent than he himself has is an expression of insanity. I believe it is due to such an all-too-human tendency that the long row of literary products from Lombroso's¹ and J. F. Nisbet's² to the Nazi writer Wilhelm Lange Eichbaum's³—all of which feature genius as a form of insanity—have received more acknowledgment than more unbiased and scientific attempts to account for the mental breath which grew the

¹ Cesare Lombroso *L'uomo di Genio*, Torino, 1884. *The Man of Genius*, London, 1891.

² J. F. Nisbet *Insanity of Genius*, London, 1891.

³ W. Lange Eichbaum *The Problem of the Genius*, (transl.), London, 1931.

greatest creations of man. Even psychiatrists, such as Moebius⁴, Kretschmer⁵ and Jaspers⁶, who have tried to defend genius against being linked with insanity, have created by their theoretical presentations more prejudice than sound understanding of the unusual behavior of great men. Only very slowly and sporadically, following Francis Galton's⁷ early attempt to understand the source of mankind's genius, has a sincere research assembled itself in the effort to unveil the structure and the basic resources of the mind of a sound and normal genius. When this author in 1932 wrote his protest *The Normal Genius*⁸ in answer to Lange Eichbaum, demanding that research in mental superiority be conducted from the viewpoint of normal rather than abnormal psychology, G. F. Hartlaub had just published his book on the *Genius of the Child*⁹; Franziska Baumgarten, her penetrating study on *The Prodigies*¹⁰; and Charlotte Buehler was preparing the publication of her material on the course of life of great men¹¹. Here in America, where there has always been more attention given to superior abilities and their utilization than in the Old World, even somewhat earlier study of normal and scholastic superiority had begun. McKeen Cattell¹² had started such studies ten years prior and was joined in an extensive and expensive research by Terman, Catherine Cox, and Barbara Burks¹³. Leta Stetter Hollingworth¹⁴ offered in 1930 the first well-rounded presentation of the problem of gifted children, a study followed by a continuous series of similar investigations of which John Edward Bentley's *Superior Children*¹⁵ gave perhaps the most thoughtful and instructive resumé. However, most of these studies were directed primarily at the superior qualities themselves, at their measurement and educational utilization. They were not directed so much at understanding superior individuals as human beings or at determining the origin of unusual capabilities in human nature. However, until scientific studies of superiority take as a basis the normal human mind and treat superior abilities normally, sound educational measures for their development can scarcely be found or applied. Up to now such a normal psychology and education of the superior human mind has never been fully developed.

It was an American, W. E. Herriott¹⁶, who, as early as 1926, attempted for the first time to study individual, psychological predisposition for the

⁴ P. J. A. Moebius: *Rousseaus Krankengeschichte* (1889); *Das Pathologische bei Goethe* (1898), Schopenhauer (1899), Robert Schumann (1906); Nietzsche (1902).

⁵ Ernst Kretschmer: *Geniale Menschen*, Berlin, 1929

⁶ Karl Jaspers: *Nietzsche*, Berlin, 1936.

⁷ Francis Galton: *Heredity of Genius*, London, 1892

⁸ Ernest Harms: *Das normale Genie*, *Centralblatt fuer Psychotherapie*, Vol. V, 1932, No. 6

⁹ G. F. Hartlaub: *Der Genius im Kinde*, Breslau, 1930.

¹⁰ Franziska Baumgarten: *Wunderkinder*, Leipzig, 1930.

¹¹ Charlotte Buehler: *Der menschliche Lebenslauf*, Leipzig, 1933.

¹² J. McK. Cattell: *American Men of Science*, 1921.

¹³ Lewis M. Terman, Catherine M. Cox, and Barbara Stoddard Burks: *Genetic Studies of the Genius*, 3 volumes, Stanford University Press, 1925-30.

¹⁴ Leta Stetter Hollingworth: *Gifted Children*, New York, 1929

¹⁵ John Edward Bentley: *Superior Children*, Norton, New York, 1937

¹⁶ W. E. Herriott: *Modifying Technique of Instruction of Gifted Children*, Univ. of Ill. Bull. Jan. 4, 1926, Vol. XXIII, No. 18.

development of the superior individual. Attempted, however, from the standpoint of educational psychology, his works have not given us any broad, general, theoretical concepts. According to his conception, a superior child is characterized by: (1) a specific power of learning; (2) superior attitudes such as common sense, breadth of mind, and power of self-criticism; and (3) certain general mental habits. These characteristics are rather too vague to be made a basis for any educational application. The term "power of learning," for instance, is obviously of foremost importance from a scholastic viewpoint. Does, however, unusual learning ability really constitute a superior individual? Surely the scholar of superior attainment needs—much more than learning power and unusual memory—originality and creativeness of thought, before his acquired knowledge will be of any value. Power of learning alone may make a good encyclopedist but not a valuable man of science. Only when the dry facts are bound together by intuition or original observation do they become of value to science and applicable to life. And just these abilities characterize a superior mind. The same criticism might be applied to the other mental qualities emphasized by Herriott.

Only the thoughtfulness of Bentley, given in a few sentences of philosophical speculation, has advanced any general conception of the real structure of a superior disposition. He once speaks of the fact that a superior child must have higher qualities and greater quantities of ability than an average youngster.

This leads us into a categorical consideration of the fundamental characteristics of superior abilities. In my study mentioned here¹⁷ and in reflections scattered in other of my writings, I have attempted to outline a general psychological conception which has proven of some use as a basis for an understanding of the individual superior mind, or even of a genius. The theory is that of the so-called dynamic structural psychology which has been represented in Europe by Harald Hoeffding, the Felix Krueger School, Mueller-Freienfels, Carl Gustav Jung, Pierre Janet, and others, and has been treated here in the United States by the early John Dewey and by the sociologist George E. Vincent. This theory devolves from the conception of the individual human psyche as a dynamic unit composed of the fundamental forces of thinking, feeling, will and affects. Psychic types and individual differences can be determined from the composition of the ground dynamics and from the location of the balance point in one or the other of these psychic powers. For example, scholars have the balance point of their entire mental life in thought dynamics; artists in the emotions or feelings; and sportsmen, politicians and soldiers, in will. If we survey the literature devoted to records of superior individuals, especially of children, we find most of it relating to intellectual factors only, taking the measurement of intelligence as the basis for the valuation of superiority. Such emphasis tends to give a distorted picture or at least a one-sided view of superiority, in a mature genius as well as in a gifted child. Intelligence is

¹⁷ see Ref. No. 8, page 113.

only one of the powers of our mental life and only one form of expression of our power of thinking. Intelligence, strictly defined, is the power of understanding and does not include the power of memory, and the power of intuition is of at least equal, if not greater, importance as a factor in superior ability than is the power of thought. Over-emphasis on intelligence is the first point in which consideration of superior abilities by our educators during the past ten years has shown dangerous limitations.

Of course, a superior individual must have a specific disposition of mind which gives him the ability to do things of which an average individual is incapable, but one cannot, as is frequently done, determine all superior capacities as some higher intelligence plus some special capacities. The human psyche is a rather complicated being whose superior capabilities cannot be understood by means of any mechanized or primitive interpretation. For instance, studying superior capabilities in regard to thinking processes, one finds that quite different superiorities chosen from the table of categories of our reasoning are possible side by side or one without the other. We mentioned earlier that great ability in memory belongs to the so-called encyclopedic mind. We know that scholars of this type frequently have little originality, and, also, that great original thinkers are often limited in the capacity of memory. One can apply this rule of compensation to any of the fundamental categories of thinking, as, for instance,—to inductive and deductive.

Leaving this field of pure reasoning and of theoretical speculation, and considering the more practical field of exact sciences, we recognize here the need of quite different capacities for the attainment of superiority in any one field. We know, for example, that there exists specific mathematical capacity, special ability for biological, theoretical conception; that psychologists—not of the mathematical type—claim another kind of scientific concept, linguists another, and chemists still other. Historians speak of historical intuition, carrying its possessor far beyond the actual mass of facts which make up the learned basis of history. To be an Einstein, Huxley, Smuts, a Hoeffding, Pierre Janet, or William James, a Jakob Grimm, Saussure, or Otto Jespersen, a Buckle, Burckhardt, or Spengler needs superior thought abilities of widely varying forms which cannot be given the common denominator of intelligence or anything comparable. In an until now unpublished address before the American Association for the Advancement of Science¹⁸ in 1940, I tried to discuss this problem of the disposition towards the various sciences, which up to now is still a "riddle of the sphinx" for any scientific analysis. If we want to obtain sound scientific knowledge in regard to superior abilities, we must consider these factors about which we lack any real understanding of their source and functioning in the individual psyche.

¹⁸ Reported in the "General Program of the 106th meeting of the American Association for the Advancement of Science, Philadelphia, 1940, page 188.

In studying the development of the ability of reason, we become familiar with the fact that the ability to think and to learn not only develops quite differently in various individuals and grows quicker in a superior individual, but also changes during the course of human life. We know, for instance, that the average youngster between 15 and 25 learns easier than most persons in the prime of life and later. In infant prodigies and other superior children, an astonishing power of memory may occur, often to disappear or at least to slacken considerably soon after adolescence. We know, on the other hand, that special scientific interests may awaken rather late in life, and specific superior abilities in one or the other field may appear after a considerable development in quite another direction has been achieved. We have abundant evidence that one or the other great man chose a profession or devoted his scientific interest for decades to a field far removed from that in which lay his real extraordinary capabilities. More careful observations of such factors and phenomena will help considerably to an understanding of the major problems of guiding the development of superior abilities.

Among the special categories of thinking is that of quantity and quality, whose importance in this regard has already been pointed out by John Edward Bentley. Superiority in the capacity to think is either one of quantity or quality. Memory, for instance, cannot be considered qualitative but must be measured rather by its quantity. Intelligence, on the other hand, in the more popular sense of the word, is usually measured by quality. The discernment of higher abilities in one or another field of science is also generally designated by its quality. Nearly every category of our ability to reason needs to be submitted to comparable differentiation in order to understand the role it plays in superior capacities. Abstract and one-sided considerations of superiority as represented in the intelligence measurements will do more to harm than to assist individuals with unusual mental gifts.

Furthermore, thinking is not an isolated function of our nature, it is in profound interrelationship with the other two kinds of psychic dynamics we have mentioned before—emotions and will. Those familiar with a differential psychological interpretation of our activities will know that all our artistic expressions, whether painting, music or literature are rooted in emotional ground. For most of us there is no doubt that especially in the speculative part of our thinking there flows a good deal of artistic activity. We admire not only the style of the creators of our philosophical works, but also the mental characteristics which make us speak of philosophy or of other special scientific achievements as products of an intellectual art. Such an appraisal on our part is based upon the knowledge that emotions have taken part in the creation of these products of thinking. Superior achievement in scientific expression, always more than the dry products of the schoolmaster, gives special evidence of artistic influence. Outstanding results in any field of science can never be the products of lazy, sluggish temperaments, but are born and brought to

completion with an often enormous application of will power in devotion to the scientific task and in renouncement of other human ambitions. Great philosophers and scientists are often, therefore, heroes of the will. The soldier Descartes wrote his philosophy on horseback, and the life stories of a Kant or a Fichte reveal the enormous expenditure of will through which they created their works. Even if the superior products in the field of thinking must be considered as due primarily to the power of this ground force of our psyche, the other two ground elements of emotion and will are, also, present to an unusual extent. Our conception of superior capability should include the entire mental nature of an individual favoured by nature.

Emotions are, as already mentioned, the basis for all artistic creation, and, of course, superiority in the emotional disposition of an individual will alone condition his becoming a talented worker or a genius in the arts. In all my writing on art and aesthetics, including a recent paper¹⁹, I have tried to point out the psychological background of art creativity.

Before going into a consideration of the relationship between emotions and art creation, I must devote a few sentences to what many of my readers may have expected at the beginning of this chapter, the consideration of the psychological aspect of the senses. In my opinion sense perception is nearer to emotional sensitivity than is thinking. An understanding of ability and especially of superior capability in the arts makes this particularly striking. We know that any recognized achievement in the arts, under present cultural conditions is the product of superior abilities. In times when the structure of the entire civilization was built upon a handicraft culture, the level at which real art could be distinguished from craft was much higher. This question is important to us in regard to the problem of superiority of the sense perception. We now demand from everyone some understanding of mathematics, some elementary ability to read and write his mother tongue and at least a dollar's worth of knowledge of those sciences with which one comes in daily contact. This is not true in the same sense with the arts, nobody is expected today to be able in the same manner in the fundamentals of various arts. But everyone knows that every art is bound closely together with some form of sense perception, fine arts with the eye, music with the ear. Even in receptive and reproductive living with art, we need too, of course, some form of artistic sensibility. But to be creative in the simplest way in any field of art requires superior ability of perception in the art concerned. One needs to have the eye of a painter before one can paint, and the ear of a musician before one can become a composer or a musical virtuoso. But we know too that this sensibility does not always make a real artist. To this sensitivity must be added the so-called artistic temperament, the emotional power to create.

¹⁹ Ernest Harms *Prolegomena of Monistic Aesthetics*, *Journal of Aesthetics*, Vol. I, 1941, No. 2, 96-104. (Originally an address before the 2nd International Congress of Aesthetics, Paris, 1937: "Struktur-Psychologische Analyse von Kunstwerken"—see *Proceedings*, Alcan, Paris, 1937, vol. 2, 205-208)

It would lead us too far afield to present here a detailed consideration of the psychological structure of the various arts. But a word must be said as to the various psychological factors present in the disposition of the talented artist or of the artistic genius. Rational as well as will factors are to be observed in every artist's nature. Evaluation of these factors will do much to correct the popular misconception that artists "have no brains" as compared to scholars. The artist, especially the great one, reasons as much as does a student of science, but in quite another, more intuitive way. And the will of the genius of arts is—to recall Michelangelo or Durer—no less "titanic than that of all other great personalities. To value artistic personality rightly, it would be a great mistake to classify its capability as a 'side-tracked' special ability". One of our main tasks in this presentation is to make clear that artistic superiority is a fundamental disposition of man as is rational or intellectual superiority, and that it must be placed beside scientific superiority without prejudice and bias.

Superiority of will must also receive equal consideration. Seldom in the books on the education of the bright or superior child have I found anything about those higher abilities which concern political, military or religious leadership and, last but not least, excellence in sportsmanship. As sport is such a fundamental social expression of the present civilization of this country, I have often wondered why this problem has not been seen and treated by some of our educational or sports writers. Even the best books on superior qualities of Terman, Leta Stetter Hollingworth and even Bentley have given considerable attention to the physiological study of brightness and superiority of children, conditionings which are considered more closely linked with sportsmanship than with mental capability. At a time when one feels himself called in defense of American democratic social ideals against European Nazistic philosophies, he is profoundly impressed to observe how closely the educational conceptions of the American Behaviorists are related to the latter, and how far they are removed from the conceptions of the founders of the American educational traditions such as Horace Mann and Henry Barnard, or of such later educational leaders as William T. Harris, Francis Parker and Stanley Hall.

Linked with the problem of the physiological conditioning of superior abilities is that of actual physical heritage. We find opinion rather equally divided as to whether or not inheritance factors are deciding factors in conditioning the superior individual or the genius. But I believe that there have been counted on the positive side many factors which are not as much hereditary as environmental and it is my conviction that environmental and social conditioning is a major factor in achieving superior development through cultural as well as scholastic education.

Here, as in the Nazistic Europe, considerable talk has recently been started about training for political leadership. All such efforts, even if conducted under a democratic flag, mainly concern questions of will. If we go back into

early American educational history, we find this task quite frequently presented and considered, even though under an ethical and religious guise. Today religious training and leadership is not generally considered a will problem; nevertheless all ethical and religious issues consist of a transformation of lower forms of affects and desires into higher moral attitudes. All of these are, however, expressions of will. Moral and ethical problems are always will problems.

As has been true in the two fields of mental superiority which we have already considered, the field of will similarly does not appear in isolated form, but rather linked to the others. Where we see the balance point of superior individual expression lying predominantly in the field of will, superiority of thinking and feeling is also involved. A general is not merely a good commander in the field but also a strategist through intellectual superiority. In the same way, a religious leader becomes effective in proportion to the development of his power of philosophy and of his emotions. Both, however, are predominantly individuals with superiority of will.

We must now discuss the interrelationship between fundamental dispositions, a consideration leading us into the question of education. If we see superior capacities of men traceable primarily to fundamental superiority of mind, we must not forget that all superior individuals are first of all human beings with a disposition of all three ground forces, which make up the total of the personality. As will be easily understood, the superior individual must seem to be rather one-sided in respect to his total personality. There are undoubtedly a few superior human beings who seem to possess all three fundamental mental capacities to an unusual degree. These are the real geni. Usual superiority is the result of the superiority in *one* of the psychic ground powers and of the extreme development of this one power to an extraordinary form of expression in one personality. It presents in a positive sense an abnormal physiognomy of the psychic and mental ground figuration. We are confronted with the educational problem of guiding these individuals in such a way that their unusual disposition achieves the best possible development, and further on, a balance as regards their functioning in the social environment created by the more normal and average members of society with whom they have to live.

* * * *

In the educational literature dealing with those of superior abilities and their training, special terms and expressions have been applied. An agreement as to the definition and use of these terms must be our task before we present any proposals for educational guidance. I introduce these terms in the order in which they will be treated in the following pages: *The Bright Child*, *The Superior Child*, *The Gifted Child*, and *The Prodigy*. The meaning and application of these expressions, except that of *Prodigy*, has been developed against the background of the intelligence psychology. Their use, even in that restricted sense, is often unclear and confusing. I should like to redefine these

terms in order to overcome misunderstanding or any one-sided conception and to provide terms for designation of the varying degree of higher ability in its broadest sense.

What we understand by the special ability of a *Bright Child* comes nearest to what intelligence measurement tries to catch in the net of its testing. A bright child is a child who, judged from the mental level of our civilization, possesses average capabilities as contrasted to the dull or the subnormal child. He is neither superior nor gifted. His brightness consists in his ability to perceive and to understand transmitted knowledge quicker than is usual among his age group. Bright children assimilate more easily and may in creative work offer more original results. Such children have no specific capability and usually show the same aptitude for mathematics as for history and language. They are somewhat above average in the limited amount of art education offered in our schools and often show a high degree of will capacity, easily becoming a leader in the class. The bright child shows by far the best response to scholastic intelligence tests.

The *Superior Child*, as has been best described by John Edward Bentley, is the child of a higher level of general ability. Superior children are more than bright. They have really extraordinary capabilities. But this term, as we define it, applies also to gifted children or to the child prodigy. Superior children are usually endowed with one special superiority which may lie in the field of science, of the arts or in that of will power. Superior children may be generally bright or they may show a specific one-sidedness. They may show their superiority very early or in the latter part of their juvenile development.

The *Gifted Children* are the youngsters with a specific talent. This talent may stand alone as a single capability or it may appear grouped together with others. It may occur against a background of average ability, of dullness or of brightness. Gifted children generally have a certain one-sidedness as a fundamental disposition, or have the tendency to develop the special gift more than their other abilities. Just as the gift varies in the time at which it occurs—so it varies in the time of its duration. The giftedness can be a short occurrence or the expression of real and permanent talent. Actually, if one studies the questions of special gifts from a social-psychological viewpoint, every human being is found to possess some qualities in his disposition which can be considered special gifts, and which are capable of responding to proper training and education.

The *Prodigy*, among superior children, appears much less frequently than is usually supposed. As the term is commonly understood today, a prodigy is a child who from the earliest stage of life shows an unusual and practically uneducated capability in one or more fields. Prodigies of the concert stage are most admired, but we recognize them too in the field of fine arts, in literature and in the natural sciences. Fully developed prodigies show higher abilities

also in other fields aside from that in which they express their special genius. Unusually rare abilities exceeding normal human superiorities are specific in nature and demand a special environment for the satisfactory development and execution of their unusual task. While the gifted individual understands how to adapt himself perfectly to his environment or to create an environment for himself, the prodigy and the genius may experience great difficulties in finding or creating just the environment he demands. Out of these difficulties grow most of the social and mental tragedies and misunderstandings which bring genius, at times, so near to the world of the insane. It may therefore be said that it is not so much the possession of genius—a genius which may be as healthy and natural as it is extraordinary—as it is the lack of favorable environment—which causes unhappiness and mental illness to the great spirits of mankind.

* * * *

In the presentation which follows we shall discuss guidance problems of the three main forms of superiority in the bright child, the gifted child, and in the prodigy. At the end we shall then consider briefly certain general factors in the prophylaxis of abnormality and illness.

In the beginning I should like to point out some general attitudes which are common in the consideration of unusual abilities in children. It would be contrary to nature to expect parents not to wish for a brighter child than their neighbor's, or for a prodigy to grow up in their nursery. To give any objective opinion to ambitious parents and teachers as to their children's possession of superiorities, or to predict the direction of their talent, and to aid in its development is a task of doubtful and perhaps impossible realization.

In the development of youth, so many factors are involved that most of the attempted measurements of permanent capabilities prove little more than guesswork. Until our knowledge of psychology has greatly improved, I must confess myself a pessimist or at least a relativist, not only in regard to parents' opinion of their youngsters, but also in regard to the various attempts at standardized superiority tests. Today most measurement of scholastic abilities and most professional evaluation are based upon an intelligence test, designated as the IQ test. There is a widely accepted agreement that an intelligence quotient of over 140, or of at least 120, indicates a definite superiority. But any such measuring is so severely limited that its application can be of little value to those who consider their task the most effective developing of a child's superior abilities, even though these may lie primarily in the fields of thinking and science, fields for which most of the tests have been created. I have repeatedly emphasized that measurement of IQ has a more far-reaching value in respect to subnormal abilities and as a check on momentary variations in the growth of an average child, than any permanent indication of the intellectual capacity of a superior child. Sincere attempts to apply the IQ test report increasing variation and instability in use with bright or gifted children. We must realize that the IQ test concerns only the intelligence, the thinking and reasoning

side of a child's psyche and that the emotional and the will aspect are generally disregarded. In bright children, stronger emotions and will not only play a greater role in their mental expressions, but too, such children have greater sensibility and changeability of emotions, particularly during the adolescence period. We have known such bright children who for a period of a year or more while the process of physical maturing was working most strongly in their body fell behind average and even appeared to be dull children. Then, after reaching their full adolescent development they caught up again and rewon their front seat in the class. Bright children too often have a stronger struggle with their possessive and affective nature than have average children.

As soon as we turn our attention from the bright child to the *Gifted Child*, IQ tests lose any practical significance. A gifted child is always a one-sided child, and only if his gift lies in the superiority of his intelligence does the IQ give any hint as to the real task and problems. Great permanent changes take place in the gifted child's juvenile development. Too many opportunities for mistaken measurement of the gifted child or the child prodigy lie in the important factors of environmental influence or passing emotional or affective conflicts. *Because each such child is a unique individual, only careful individual observation and careful application of a high degree of psychological understanding can form any sound basis for judging and guiding such a youth.*

The Bright Child. Research findings have successfully shown that a much higher percentage of superior or gifted children come from the privileged than from the underprivileged groups of society. The existence of bright children, however, seems to be much more equally distributed throughout all groups. To be sure brightness can develop only to that level made possible by social and educational conditions. By that we mean, of two equally bright children, one born in a poor family in a rural district may develop to be a good farmer while the one born in a prosperous and educated home may become a successful politician, businessman or university professor. Only by possession of comparatively greater ability could the former attain the goal reached by the child of more favorable conditions. Brightness in its most frequent form consists in equally distributed, above average capacities of which the intelligence plays a leading part. Brightness can often be observed even in infants because of their ability to understand and to speak at an unusually early age. At pre-school stage, clear and persistent questioning often is considered indication of brightness. Ability to learn, to play with toys, and to use crayons and pencil skillfully may result from such higher general disposition. Socially bright children are usually more easy-going; they understand more quickly and are more adaptable. As early brightness is often based upon elementary capability, which may diminish before actual schooling begins, their development is best left to nature and to the simple social forces of adaptation innate in them. Attempts at early special training are seldom effective. The first three

or four years of life are years devoted primarily to physical growth, and the child's body should first be given its due before trying to force any mental advance. In cases of too quick advance, actual restraint is often more helpful than encouragement.

Not too rarely the bright child shows definite disadvantages compared to the average youngster. Brightness is often accompanied by a disposition to great excitation and affectfulness. Children of this type tend to overdo in what they undertake within the little horizon of their existence. This can be best understood by applying a not yet mentioned special viewpoint belonging to the basic conception of this discussion. Brightness shows greater strength than does the average disposition, especially in regard to psychic power. However, the various powers with which a human being is endowed neither ripen at the same time nor develop in the same manner. A bright child has not only a brighter intellect but also brighter emotions and stronger affect demands. To satisfy them requires a different educational attitude and, in regard to the child itself, a stronger personality and a more than average determination. The very fact of the increased demands of such children leads to their greater inner difficulties and makes it all the more essential to them that they be left alone to resolve them, rather than be pushed to still further conflict by being encouraged to exhibit whatever intellectual superiority they may have. In all such cases, youth guidance must be directed more at the emotional and the affect nature of the child than at his intellectual development. Many of our so-called "nervous children" are those who have not only unsolved problems, but have already developed central difficulties in their psychic nature, and who, in growing, become neurotic rather than, through right guidance, realizing the brilliance of which they give promise.

As soon as school age arrives, the bright child himself, as regards his intellectual growth, ups just the right alley. Bright children, let me repeat, are those who have good or excellent dispositions but no specific gifts in this or that direction. They are generally ahead of their classes and assume, if they have brightness in emotions and will, the leadership of the group. We must, however, distinguish two types. One is the group of purely receptive bright children who perceive quickly and learn easily. The other is the more creative group. They may be less keen at learning and memorizing, but they excel at tasks calling for originality. They write excellent reports and lessons, and produce the best results in all creative forms of the school work. However, with lack of instruction or guidance of the emotional and affective-will side of their nature, they evidence increasing difficulties up to the age of adolescence. At times such children reach maturity earlier, at times later than the average child. Leta Stetter Hollingworth in her book on *Gifted Children* attempted to make temperament a basis for understanding. One finds most justification for it in the school-age period. The major task at this period, however, is that of equalizing the strongly developing psychic powers which cause considerable difficulty in

the pre-adolescent period. This involves combatting over-emotionalism and insecure vitality by strengthening the rational nature, or, in other cases, strengthening the ethical personality in relation to the intellectual forces. These are tasks which our present school system does not recognize and which parents have neither the understanding nor the time to cope with. Parents and teachers are apt to believe that the so-called bright child is "easy to educate". This may be true, if one takes education in its restricted sense of school training. Because of their higher capacities, these children have more problems and greater difficulties in adjusting themselves to our over-organized world. Bright children are often "problem children" in the truest sense of the word.

Educators are often astonished that the intellectual brightness of some children disappears when adolescence approaches and the high school age begins. This is not so astonishing when one understands the threefold process involved in arriving at complete maturity of personality. The three kinds of psychic powers, which we have distinguished, mature at quite different times in the juvenile development. Our thinking power matures first, at the time when the inquisitive age begins. Emotions mature at about the seventh year of life, while real independence of will and affective forces is linked with sexual maturity. Because this last development enters the foreground of the personality as adolescence approaches, intellectual factors must retire somewhat to the background in the adolescent child's development. We see, therefore, intellectually vital children falling back at this stage, and, because they experience the forces of the physical development often more intensively than the average child, they seem to lose ground at this time to a greater extent than does the less bright youngster. During recent years, we have recognized in adolescence not only the problem of the ripening of the sex organs, but psychic and mental problems as well. Child guidance can become most useful in revising its present concepts to assist the child in meeting these problems.

Child guidance of the bright child after adolescence must meet the problems of the child's development in two main lines: that of the intellect and that of the will. The intellectual problem of the bright child who has retained his brightness through the period of adolescence or has regained it after the storms of physical maturing have passed is the choice of the special field for later professional specialization. Just as these children are capable along a broader front of intellectual activity than the average they have greater difficulty in expressing any special preferences and choice of interests. They are attracted by broad studies going from one to the other. They are often drawn to serious philosophical study or, if the social interest predominates, to broad study of the social sciences without finding any precise point on which to base a professional existence. They are satisfied to study and study, and if any serious upset occurs in their emotional and will forces and is not counteracted, they may become tragically sidetracked. They know too much to accomplish anything. If they have no financial worries they tend easily to social parasitism.

A strong and even rough hand is occasionally needed to give them sound guidance.

The second major problem common to this period of social adaptation relates to sex and to the wider social relations. Sex aberrations and other difficulties of adaptation are generally not so much a sign of weakness as of wrongly applied strength. It is just one of the tragedies of our times that, for two generations, we have lacked any sound social psychology or guidance of emotional and affective powers and attitudes. Alfred Adler's conception of inferiority and superiority and Carl Gustav Jung's of introvert and extravert are two valuable phalanxes driven by medical psychologists into educational ignorance regarding problems which cannot be solved through any shallow conception of vocational guidance or through any materialistic conception of sex guidance. Every young man and woman past the middle of the second decade of life is a specific individual with his or her own problems and personal views on human existence. Guidance must be equally individual and personal and cannot be achieved through any readings or lecture service, blackboard drawings, or what in one of our Eastern colleges was lightly spoken of as "organ recitals".

The *Gifted Child*. The gifted child, to repeat, is a child who shows, early or late in his juvenile development a specific gift or gifts calling for educational attention. As we have already mentioned, gifted children are not as rare as many suppose, for almost everyone can be active or creative in one or many fields of our over-developed and over-specialized civilization. Special gifts may be inherent in a child and can be developed towards any human activity. It is a mistake to consider intellectual superiority as the only quality of gifted children. Ability in the arts, in social leadership, in ethical attitudes, or in sports is just as important as ability to acquire languages or to excel in arithmetic.

Care must be taken to distinguish real from pseudo-giftedness. Bright children adopt and assimilate with remarkable ease abilities based largely on ability to imitate. We are often amazed at the ability of small children to grasp facts of mathematics and science, or at the ease with which children of certain national groups with an innate capability for poly-linguism learn three or four languages at the same time. We stand in admiration before infantile art products of which we adults feel incapable. The current educational fad for child art has, at the moment, America's parents gasping for breath. As simple art technics are very easy to adopt, and as children in the pre-intellectual period have a natural urge for self-expression of a formalistic type, art is a natural and vital sort of juvenile language just as it has always been to primitive man. We present-day adults who have not had the slightest art training in our youth see our children producing art far above our own capacities. However, trained observers know that these juvenile abilities usually disappear with the advance of the intellectual and scientific forms of expression after

adolescence. We know, too, that children of school age may suddenly develop a form of giftedness in response to some teacher who understands them and spurs them on to unusual effort. We smile at what we call puberty or love poesy, which, measured even from the highest standards, is not infrequently of excellent quality. Such products, inspired by momentary influence from without rather than by any inborn ability or urge from within, can be designated as due to the pseudo-giftedness of a highly able or bright child instead of any innate gifts of a genius. Every bright child can, under certain environmental conditions, produce pseudo-gifts which cannot be looked at as specific or permanent trends.

Real gifts may appear very early, but one should be very careful not to count on them too early. Some writers on the subject have with perfect right designated the gifted child as the talented child. Real talents are most apt to be expressed in limited fields. Early leaning towards this or that field usually indicates the developing talent. Talented children are, in some respects, always one-sided, aiming their entire vital effort at one field. From a psychological viewpoint they present deformed mentalities, not only with great strength in one direction, but with definite weakness in others.

In a brief preview here of the talented child and the child genius, we see the child genius as tending to develop himself, generally, along a broad front as against the one-sided development of the talented child. Here is our clue to the guidance of the gifted child. We must, as educators, balance his personality and help him construct a sound basis for life. Educational attempts to assist the gifted child have unfortunately aimed primarily at further developing the special talent, and this within the limited confines of the classroom. Special classes have been formed to permit the talented child to advance more quickly or to give his talent special development. What a talented child needs, however, if he is to develop soundly within the social framework of the complicated civilization in which we live, is a healthy balanced basis upon which the talent can stand firmly. Education is needed, not to build an isolated specialist out of a talent, but to strengthen the sides of his nature which are threatened with neglect. This does not require suppressing talent or compelling a gifted child to submit to an education which is distasteful to him. This would be equally or even more wrong. It is, of course, essential to develop talent where it lies and thus to permit the talented child a limited one-sidedness. But we must support this one-sidedness with strong pillars from other directions. The child with strong taste for scientific achievements should not be forbidden to have his own laboratory in a corner of his home and should not be driven out to the playground or made to sit under religious or emotional influence. Nor should a child of artistic ability be forbidden to spend the major part of his free time with his art material, drawing and painting. We must mark down, however, on the educational blueprint for such a child that he should "also have what he does not like"; but he should have it in a form that will

not interfere with and possibly further the growth of his talent. This presents, of course, a more difficult task for the educator, but the educator of a gifted child must likewise be gifted. It is our task not to make dogmatic plans for the schooling of gifted children but to train teachers to handle the gifted child and become gifted teachers who with inspired intuition will find the practical means for each individual form of talent.

Of major importance for the concrete educational assistance of the gifted child is a clear insight into its special developmental problems and difficulties. Still more than the bright child, the gifted child must fight dissonances in his inner nature, dissonances more difficult because of the greater one-sidedness of his disposition. We mentioned before the different stages through which inner maturity is reached. This can be used as a rather vague indication for the judgment of any development; but it is not a general law. Intellectual talents may appear in infancy or pre-school age, or may not appear before college-age training. In the same way ethical or leadership talent may appear in the kindergarten or when manhood is reached. Talent, like genius, is a completely individual matter and its development cannot be predicted by any general rules. In spite of this, we can assist a gifted child in so far as his general growth is concerned by applying our knowledge of average development.

Of greatest importance in the development of any gifted child is his transition through adolescence. Every gifted child, whatever his talent, will undergo a more severe crisis in reaching maturity than will the average youngster. The exercise of the talent may slacken or disappear completely for a time and may create, in addition to the inner suffering of the child, severe depression and exhaustion, if attempts are made to force its development at the earlier rate.

Another important aspect in the guidance of the gifted child concerns the question of social assistance and acknowledgment. By this I do not mean to raise the question of whether and to what extent talent should be assisted by educational, material or ideal means. Real talent, whatever it may be, will, if strong and healthy, find ways and means to give expression to special abilities, and, if necessary, to bring them to such acknowledgment by society that their value is recognized and their development supported. I mean rather the extent to which social support and tolerance should be granted to the one-sidedness of the talented person. As for any unusual behavior, there is always the danger of either under- or over-estimation. For unusual social behavior there is always the need of education in general social attitudes. Wise communal education has always found reasonable methods for understanding unusual attitudes. I have often remarked about the marvelous custom of the Orthodox Russian Church in declaring the insane as holy and in protecting him and securing assistance for him. High ability often demands very real understanding of the socially abnormal attitude expressed by talented individuals.

No less dangerous than underestimation is overestimation of the gifted person, in relation to himself and to the community. The growth of a superiority complex, of over-sensitivity and over-protectiveness are seriously weakening factors. Guiding a gifted child requires great strength and healthfulness.

It is very important, of course, to make the gifted youngster conscious of any unusual behavior in his social relations, and to give him sound protection against his becoming a sacrifice of real mental abnormality. The danger of a superiority complex can be most effectively fought by the introduction and strengthening of the ethical balance. "Higher gifts imply higher social duties and deserve thanks to the society which gave and helped develop them" should be the leitmotif. Since education of the will is fundamental to an individual who must accomplish great things, permanent care of will power is a task one must always have in mind.

The *Prodigy*. A prodigy or a child of genius is an individual in whom unusual creative ability is found in almost adult form from the beginning of his existence. Real prodigies are as rare as are great men in history. However, their number might be greater if our pedagogy and guidance included the care and cultivation of the seeds which spring up in the human race. Frequent discussion linking genius and insanity and accounts of the tragic misunderstanding which great men meet in their lives give evidence of the ignorance with which their contemporaries view the child as well as the men of genius.

There exists no actual measure of genius; for genius is always individual and unique. Even the rules, which some scholars like Baumgarten²⁰ have tried to find, prove applicable only in a small number of cases. We can, however, try to interpret the deviation of genius from the psychic norm as suggested at the beginning of this paper. Each spirit of genius is formed by the power of thought, emotion and will, combining a bright with a gifted psyche. With few exceptions the child genius possesses higher capacities in all three psychic dispositions, intellectual prodigies have both extreme sensitivity and emotional ability, and art prodigies extraordinary ease of learning. On the other hand, the prodigy has, in common with the gifted child, unusual capability in one field; some have them in two or more. We know from experience that this capability may appear early or late in the child's development, and with varying degrees of intensity.

We do not yet know whether or not it will ever be possible to show any environmental or hereditary background for unusual abilities. Up to now objective investigations have discovered no definite proof. The contention that extraordinary abilities appear most frequently in the higher classes is not justified to the same extent with prodigies as it is with the mass of gifted children. We find prodigies coming from the homes of the poorest as well as from peers. There is even an unconfirmed belief that a degree of decadent over-cultivation may produce more prodigies than will a primitive robust com-

²⁰ see ref. No. 10, page 113.

munity However, in our times, more prodigies in various fields come from primitive and underprivileged groups than from privileged groups There is perhaps more truth in the belief that socially, if not intellectually, the environment may be a primary factor in producing extraordinary children Said in other words, an artist's home should produce art prodigies easier than the usual home There is no doubt that a considerable percentage of art prodigies are artists' children or children to whom environment gave a kind of hot-house atmosphere for the development of high artistic abilities. However, here too no rule can be made from a relatively small percentage of cases. Prodigies are "*Maedchen aus der Fremde*", who come with their gifts from somewhere undeterminable and inaccessible

Our consideration of the major problem of the guidance of prodigies can only give suggestions, rather than any exhaustive treatment. To deal with the disposition towards genius is quite a different task from dealing with the bright or gifted child. A prodigy's main problem is his "too much" ability, his over-individualism, too great sensibility and extreme demands on his environment.

It is generally agreed that all guidance of a prodigy should aim first of all at developing whatever unusual capacity he possesses Wherever this capacity lies, it is based primarily on innate ability, unlearned and intuitive The first guidance problem is, of course, to strengthen these unlearned capacities through the acquisition of sound technical knowledge We know that teaching in the musical and the fine arts usually is for the extraordinarily able, if not for the actual prodigy In the field of sciences, however, educational methods are not yet developed for the training of the scientific wonderchild. Following, for instance, the career of the brilliant Norwegian mathematician Abel, one becomes aware of how far scientific instruction, as given the average student to-day, is from what is needed for the right development of potential genius.

One must realize that any guidance of a prodigy means the creating of a special environment in which sound growth is possible. Too often in raising a child prodigy, parents let pride and social exhibitionism prevail over any sound attitude. Too few realize the need of a special health program for a prodigy whose body must endure the psychic and mental intensity involved in his unusual activity. Findings in regard to the physical training of gifted children do not apply to prodigies, who are seldom robust or of exceptional physical strength

Many contend that, to fit him in life, the prodigy should receive an ordinary education and should be brought up with normal children I myself doubt whether this is generally advisable As we have already stated, prodigies have unusually quick perception, a high degree of intuition, and mental reactions comparable to those of adults They are, therefore, apt to feel isolated in a group of juveniles of their age In studying the mental and especially the intellectual reactions of prodigies, one realizes that their main difficulties are lack of concentration in any one field. Their disposition forces them into flights

of interest. Prodigies thus remain for a long period in the infantile question-age stage. In their creative activities they tend ceaselessly to pursue new interest, losing themselves constantly in new directions, with resulting loss to the interest or activity in which they are most able. Much as we admire a polyphonic ability and an all-round development, child guidance must restrain rather than push the prodigy, and it must keep always in sight the goal of developing one or not more than two capacities to the highest possible level. Development in too many fields leads to tragic dilettantism and the exhaustion of genius.

At the same time attention must be given to the proper psychic, especially the emotional education and the training of the will. Prodigies often show enormous intensity of psychic power if they concentrate their will upon one task. Just as easily, however, do they lose control of themselves emotionally and tend to suffer violent affective outbursts. They are capable, on the other hand, of strong ethical development. Careful guidance begun in the pre-school age can do much to tone down and to equalize tendencies to one-sidedness and lack of control.

Prodigies with expressed social individualism show no direct or continuous flow in their development. However, in the development of nearly every wonderchild one must expect periods which reflect his own individualistic growth, periods with strong ups and downs, and with fluctuations caused by the inner and outer events which make a strong impression upon him. Guidance of such exceptional temperament becomes a real art. Particular care must be taken in everything concerning adolescence. The contention that adolescence usually occurs earlier in prodigies than in normal children is not always true. I have observed wonderchildren who were very late in their physical maturation. If not carefully watched, the ripening of the sex functions can not only lead to the usual slackening of the creative forces, but can result in catastrophe to special capacities. During the high school period one must be very observant in building up reasonable social contacts and in preventing the prodigy from social insecurity and isolation. One will find Jung's psychological typology, which is conceived from the individualistic angle, very helpful in determining the introvert or extravert trends in such an individual. Any negative tendencies noted must be corrected with the greatest care.

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Our emphasis on the special care which prodigies demand in order to reach a healthy realization of their full forces leads to an understanding of the great danger of mental pathology to which such individuals are exposed. That this is the factor which has led to the linking of all expressions of genius with insanity, I have never doubted, and I am indeed profoundly convinced that there is serious danger for every gifted individual and particularly for every genius to mental disease. From equally profound convictions I have opposed the absurd suggestion that all genius is insane.

We must remember the high sensitivity, the one-sidedness and the need of balancing the disposition of any gifted psyche by broadening and strengthening it and by directing its creative effort. If human beings live together in a small village, no great effort is needed to regulate traffic, but a city requires an enormous mass of regulations and an entire police regiment to keep it functioning. The minds of the gifted child and of the prodigy are such larger and more highly developed communities of psychic power. They need greater educational effort to be kept in order. The fact is not that higher abilities are connected with mental pathologies, but that our educational system lacks the satisfactory tools and skill to care properly for unusual minds and personalities. A genius without necessary educational and social training is in danger of becoming neurotic, even mentally sick. If one opens the biographies of the "great insane" who have become the examples of the "all genius is insane" theory, one observes everywhere how badly fate and social circumstances threatened them. One may counter with, "A great mind ought to have the ability to understand life and his fellow men", or "the great ought to understand the small and to be able to get along with them". Here lies one of the great anomalies of human nature. A great mind, as we see it, is always one-sided. To understand the small nature of his fellows the genius ought to be a "great bourgeois" or as one wit put it "a good psychiatrist rather than a genius with his mind on extraordinary creations".

Another important phase of the task of guiding the superior individual must involve an attempt to create in society some psychological understanding of the traits which distinguish the genius from the average man. Without this any individual guidance is considerably weakened and its fruits will become destroyed. Perhaps the misunderstanding of the great belongs to the unavoidable tragedies of mankind. But it is, nevertheless, possible to lessen it, and progress may be made in guiding the common mind to an understanding of the unusual expressions of human greatness. Therefore, our effort to advance such educational attempts on the common mind ought to go hand in hand with our efforts to preserve and cultivate the forces of genius the human race produces. Why not attempt any possible assistance where the best that we can create is at stake? Remember the great poet's word.

"Everything that you have and that you can be
Has been prepared by the geni of mankind
Who have been before you were born"

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PART THREE

GUIDANCE OF THE PHYSICALLY
HANDICAPPED CHILD

GUIDANCE PROBLEMS OF THE PHYSICALLY HANDICAPPED CHILD

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THE measure of the quality of care and guidance given to children is of concern to society. The early formative childhood years are of great importance. The formation of personal habits and attitudes begins early in life. The lack of intelligent parental guidance may result in permanent undesirable personality traits. Children suffering from severe physical impairments which differentiate them from the normal and impose limitations upon their activities require not only more attention to their physical adjustment but also to their psychological acceptance of and adjustment to their handicaps.

In general, inadequate consideration has been given to the guidance of physically handicapped children. In any plan of guidance it is essential to appraise the required medical, educational, and associated services for physically handicapped children. Their education presents problems that are different and more complex than those encountered in the guidance of normal children. Not only are different educational techniques required for some of them and protective and supplementary care for others, but many of them also present difficult problems in psychological adjustment.

The problems presented by handicapped children are medical, psychological, and social, as well as educational, and are frequently complicated by substandard economic and cultural conditions at home. Poverty, low cultural standards, congested and insanitary homes, family tensions and maladjustments and poor recreational facilities in the neighborhood may counteract and nullify the effect of the school to foster efficient personal and social life. Lack of money in the home may result in failure to receive adequate medical care, in malnutrition, inadequate clothing, and improper housing conditions, all of which may contribute to ill health. Worries due to poverty and insecurity may disturb the child and hinder him in his work. Unpleasant home conditions resulting from family maladjustment due to unhappy personal relationships are also frequent causes of worry. If the school becomes aware of these conditions, it is in a

strategic position to be helpful by enlisting the aid of community organizations to correct adverse situations.

Pre-school children with certain types of severe physical defects require early training to minimize the handicap imposed by their impairments to improve their prospects for a good social and economic adjustment. The principal groups of children known to benefit materially from training in their early years are the deaf, the blind, and those with cerebral palsy. The earlier the training of these children is begun the less difficult will be the later educational problems. With the close cooperation of the home, the private and the official agencies, and the school, much can be contributed to the alleviation of the condition of the physically handicapped.

The education of handicapped children should be based upon an underlying consciousness of the general aims and objectives of education. The educational program should be adapted to meet the peculiar needs of the particular individual. There should be considered the extent to which the full curricula and the regular methods can be employed in educational programs for physically handicapped children and to what extent adaptations must be made. The solution of the problem of the education of the handicapped does not require so much the devising of differentiated programs, as the adaptation of programs for normal children to the needs of handicapped children in terms of their physical and psychological conditions and the provision of such supplementary assistance as may be required. Educational programs should emphasize qualities which the handicapped hold in common with normal children rather than their differences.

The problem of physically handicapped children must be reduced to the problems of individual children with differing kinds and degrees of impairment, with differing personalities, and with differing home, cultural, and social environments. No common procedure is equally applicable to all children, nor even to those who fall within a specific group of the handicapped. Most physically handicapped children will, upon reaching maturity, participate in the life of a community. Child life lived apart from normal children is not considered to be conducive to the development of the personality traits necessary for a shared social life. Insofar as is possible handicapped children should participate in the normal activities.

It is important to recognize the distinction between the physical disability or impairment and the total consequences resulting therefrom. The physical impairment is the source of the handicap and is also an element in the actual handicap. It is not, however, the total handicap. The handicap is really the resultant of the physical impairment plus the psychological and social handicaps resulting from the physical impairment. The needs of an individual child are determined by studying that child, the nature and degree of his physical impairment and the handicap resulting from it. Only when his limitations have been

determined can a child be properly guided to enable him to develop into as nearly a normal individual as possible.

Within any category of physically handicapped children there are degrees of impairment varying from the inconsequential to the serious. The physical impairment and the resulting psychological and social handicaps do not necessarily follow parallel lines of development. The physical impairment may be removed, yet peculiar social traits may remain. On the other hand, the impairment may remain, while through the operation of intelligent guidance and a sound educational program the development of psychological and social handicaps may be prevented. The same physical impairment may cause different types of handicaps in childhood, adolescence, and adulthood. At one period it may result in social maladjustment, and at a later period it may cause an occupational limitation and, at another time, both.

The effects of the physical impairment and the total handicap may vary with the time of onset of the disability. The occurrence of deafness before the acquisition of speech gives rise to a far more serious handicap than loss of hearing after speech has been acquired. Loss of sight occurring after an individual has acquired visual impressions and ideas, knowledge, attitudes, and interests, is in some respects a more, and in some respects a less serious handicap than congenital blindness. It is not enough to know a child visually, acoustically, or orthopedically deviates from the normal, but one must know also the degree of impairment. A given degree of blindness, deafness, or cardiac deficiency, may lead to widely differing total handicaps in the intellectually superior and in the intellectually inferior, in the rich and in the poor, in the emotionally well-balanced and in the emotionally unstable, in the child living in a favorable home atmosphere and in the child living in an unfavorable home.

Except for the distortion that occurs because of the child's reaction toward his disability, and the reaction upon him of real or imaginary attitudes of other people toward him because of his impairment, a handicapped child is fundamentally subject to the same basic principles that apply to physically normal children. He has the same kinds of interests, emotions, and aspirations as does the physically normal child. In the guidance of physically handicapped children programs which overlook this fact may cause maladjustments and psychological handicaps far more serious than the handicap caused by the physical impairment.

The promotion of normal mental health and the early detection and treatment of psychological abnormalities are as important as physical care. The handicapped suffer more conflicts and experience more serious frustrations than do the normal. Their outlets for expression are fewer, and the range of their activities is necessarily restricted. To prevent the development of unwholesome mental attitudes which may magnify the effect of the basic handicap, or even constitute a secondary handicap to employment or social participation, psychological and psychiatric services should be available to those who need them.

In guiding handicapped children education should prepare them to meet life with a realistic attitude toward the limitations imposed upon them by their handicaps. It should lead them to a realization and acceptance of these limitations and counteract the tendencies to adverse mental habits and social attitudes. Above all, it should lead to a complete realization and development of their potential assets. Vocational training and recreational activities and a stimulating general educational program, with participation in many of the activities of normal children, can do much to safeguard the child against acquiring undesirable habits and attitudes.

Special school programs may be necessary for either educational or physical reasons. Special classes may or may not be the most desirable adjustment for educational or physical problems. The consideration becomes one of individual adjustment for each child. Satisfactory group programs can be developed only when there are a sufficient number of children whose problems are so similar that group methods meet individual needs.

The children who need special school programs for educational reasons are the severely visually handicapped, the severely deafened, and the cerebral palsied. These children require educational techniques different from those used for normal children. The blind must be taught by means other than visual; the deafened must be taught totally or partially through other than the auditory sense; the cerebral palsied and others who have multiple handicaps may require a great variety of teaching techniques. These children therefore of necessity must be taught for a part of the day by teachers whose training equips them to use the special methods required. All of these children need not be necessarily isolated totally and permanently in special classes and taught entirely apart from the rest of the school. They can all participate in varying degrees, depending upon their limitations, in some aspects of the general school program, such as assemblies, arts and crafts, music and some extra-curricular activities. The duties of the special teachers should include arranging for the wider participation of the children in the life of the school.

The principal groups of children who require special school programs for physical reasons include the crippled, in addition to the cerebral palsied, the cardiac, the epileptic and those whose physical status is below par. Most of these children have full control of normal avenues of learning and they do not require special educational methods or techniques. Many of these children can attend regular classes if they are permitted to omit those activities which might be harmful to them and if they are given such other considerations as their physical conditions warrant.

The children for whom special classes are desirable for physical reasons are those who are so severely handicapped that it is hazardous for them to be placed in regular classes. There are relatively few children able to attend school who fall into this group, and even these children need not and should not be completely isolated from the general school activities.

Modifications of the school program for handicapped children should not follow any standard pattern, but should be individualized in terms of the changing needs of individual children. These programs should be varied for different children and for the same children at different times. Placement in a special class may be desirable at one time and unnecessary and undesirable at another. An objective of special class programs should be to prepare to return to regular classes as many children as possible in as short a time as is practicable. Modifications of school programs should be subject to the varying needs of children, and children should not be kept in special classes because of administrative regulations as to class size or for other reasons after their need for special consideration on the basis of physical condition has passed.

Recreation and play are the natural activities of childhood and contribute materially to the development of wholesome habits and attitudes. Physically impaired children are anxious to take part in play life just as do normal children. Over-solicitude of parents and teachers concerning the educational and physical activities in which handicapped children might engage is a hindrance to their eventual adjustment. Recreational activities now are recognized as an essential part of any well-rounded program of normal education. They have a special significance for the physically handicapped. These children have the ordinary feelings of shyness, timidity, and self-consciousness, but they are intensified. Many have a feeling of inferiority and a fear of ridicule which causes them to withdraw from association with others and participation in recreational activities aids in preventing and overcoming emotional maladjustments and adverse mental attitudes. Sports and hobbies and avocational interests are of great value in preventing, eliminating, or alleviating, unhealthy psychological states and in creating healthy attitudes. Recreational activities are essential outlets for energy and make the fruitful use of leisure time possible.

An important function of physical recreation is the maintenance of general health. Selected sports and other activities which strengthen weak muscles and make for better posture and muscular coordination and lead to relaxation, may have a corrective influence. Physical sports not only enlarge the scope of recreational pursuits but make it easier for the handicapped to acquire the necessary skills in vocational and trade training. Competitive games must be carefully selected so that handicapped children may enjoy satisfying participation in them without psychological harm. For children who suffer from severe orthopedic conditions considerable modification of the normal recreational program may be necessary and new games and activities especially suited to their needs may be required. There must be appropriate safeguards in recreational programs for the handicapped, and medical approval should be obtained before they are permitted to engage in sports. Participation in social activities such as games, dances, and parties, aids the handicapped in the attainment of social adjustments which carry over to adult life. Through participation in such activities they readjust to situations and enlarge their world of interest and experience. They

become participants rather than spectators in life. They overcome shyness and acquire poise and ease in the presence of other people

Many of the physically handicapped have unusual difficulty in securing employment. Obtaining of and advancing in satisfying employment is a principal concern of most graduates of public schools who are not continuing their education. For most of the handicapped, employment is the immediate goal after graduation, it is demoralizing to them if they fail to obtain a job. The psychological effect on the handicapped of securing employment is even more far-reaching than on the normal. It brings pride, self-reliance, assurance, a sense of achievement, and in particular, a sense of independence. A job is probably the most stabilizing influence in their lives. It is of immeasurable value in eliminating the feeling of inadequacy and frustration, and in promoting mental habits and social attitudes which contribute to general adjustment.

To obtain satisfying employment adequate guidance in vocational training is essential. A program for successful vocational adjustment of the handicapped involves four phases: determination of individual ability, guidance, training, and placement. To assist the individual in determining the vocations for which he is best fitted, school records, interviews, and tests of intelligence, interests, and special aptitudes should be utilized. The medical recommendations are important primarily in determining the probable functional level at maturity which must be considered in determining the occupations which should not be undertaken.

The purpose of vocational guidance of the physically handicapped is to lead them into the vocations which will make greatest use of their capacities and in which their impairments constitute the least possible occupational handicap. Early recognition of limitations and an intelligent effort to understand and accept them will enable a person to plan a vocation in which he can make a normal adjustment to life.

The objectives of vocational training and the methods of attaining these objectives are similar for the physically impaired and the physically normal. Vocational guidance and placement, however, involve problems not present in the treatment of the normal. Exploratory and try-out courses on tasks involving the skills required in particular vocations constitute the best method of discovering an individual's interests, capacities, and limitations. The handicapped can often compensate by the ingenious use of residual abilities and can at times equal the standard of performance of normal individuals. Handwork and occupational activities should be encouraged at the elementary school level. A wide variety of shop and industrial arts experience should be available at the junior high school, academic and vocational high school levels. There are no rigid rules for determining job success in advance. Many physically handicapped persons have developed superior occupational skills, and many have achieved success in professional fields.

Too much importance cannot be attached to the need for special placement facilities for the handicapped. A friendly association with employers and an intimate knowledge of their plants, equipment, and specific job requirements are essential if the handicapped are to be placed where their disabilities will be minimized. It is necessary to overcome employers' prejudice and gain their confidence. More attention to detail is required in the placement of the handicapped than the normal. The regular employment services usually do not have the personnel with specialized experience and the time necessary to do this placement work effectively.

Placement of the handicapped involves a thorough knowledge of individual limitations, capacities, and abilities to fit them into the position for which they are most suited. Even though handicapped people are efficient or capable, an employer must hire them before they can demonstrate their abilities. To get this opportunity the handicapped must overcome not only the usual obstacles faced by the normal but those due to physical impairment. The objections to the employment of the handicapped most frequently encountered among employers are: objectionable appearance, unwillingness to make exceptions to the established standards of physical fitness, fear of higher compensation costs, fear of higher sickness rates, fear of low quantity of production, inability of some to move about freely, concern over the possible adverse effects of physical impairment, unwillingness to give the necessary special considerations which they sometime require.

Many of the handicapped exhibit an intense drive to excel in their jobs. An unfortunately large number, however, lacking proper early training, use their limitations as an excuse for not striving, and some surrender all initiative and become dependent upon others for the satisfaction of their needs. It is not necessary for handicapped persons to depend upon charity. Those who are educable and can get about enough to solicit alms should have been trained for occupations which would have enabled them to earn their living. The problems of the hopeless cripple who is dependent upon public charity is met by the state. There are still those who cannot work because of lack of suitable training. More intelligent consideration than has been given in the past should be given to developing abilities to enable the handicapped to become self supporting.

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 - The Education of Children in Hospitals and Convalescent Homes.
 - Visually Handicapped Children

PART FOUR

GUIDANCE OF THE PROBLEM AND
SUBNORMAL CHILD

FIRST SECTION:

THE MEDICAL ASPECTS OF GUIDANCE OF
THE PROBLEM AND SUBNORMAL CHILD

PHYSIO-PATHOLOGY IN CHILD GUIDANCE

By

IRA S. WILE

THE child is an individual and a person. He creates forces and is moved by them. He lives alone and with others. He is obliged to react, whether or not he desires to do so, because he lives, and life is motion. Only for discussion is it permissive to differentiate and to emphasize the physical organism as a stimulative or responsive mechanism. The child at one and the same time is stimulating and responding to himself while he serves as a stimulus to others and responds to the stimuli provided by them. The normality or abnormality of his functions and behavior can be determined only by the assumption of some theoretic norms of activity. Thus, if eighteen respirations a minute be regarded as the normal rate, twenty-six would be an abnormal rate. If going to sleep promptly and sleeping through the night to overcome fatigue is a norm of behavior, failure so to sleep without interruption would be deviate behavior. If telling the truth is a norm, lying is an abnorm. The pathology of child behavior is based upon the acceptance of certain patterns which are deemed natural and normal for children who have the benefit of the same cultural background, degree of intelligence, educational opportunity and social experience.

Childhood reactions may be set down in a formula somewhat similar to the very familiar electrical formula $C = \frac{E}{R}$, but it will be formulated thus

$$\text{Child Behavior} = f \frac{\text{Force}}{\text{Resistance}} \text{ which, in turn becomes}$$

$$\text{Child Behavior} = f \frac{\begin{matrix} + \\ (\text{Internal} \times \text{External}) \end{matrix} \text{ Force}}{\begin{matrix} (\text{Internal} + \text{External}) \\ \times \end{matrix} \text{ Resistance}}$$

This states that the energy which stimulates a child to action inheres in his own cerebrospinal-muscular-visceral system and results from external power and mandatory forces. At the same time he possesses a variable resistance to the total energy by reason of fatigue, disease or physical or psychical deficiency creating an internal resistance, while codes, taboos and laws add an external resistance to the forces conducting to action.

Assuming for the moment, contrary to the fact, that $\frac{\text{External Force}}{\text{External Resistance}}$ can and does remain constant, the student of behavior would need to determine, appraise and appreciate the ratio $\frac{\text{Internal Force}}{\text{Internal Resistance}}$. He knows, however, that both of these elements which determine the functioning level of each child are variables regardless of the external environmental factors to which he is exposed. The nature of the inherent organization of the child reflects his capacity for adaptability to life under the impact of the external forces

Another enlightening formula, modification of one used by Lewin is Behavior = fS . (Behavior is the function of a situation.) This should be translated thus:

Behavior = $fS = fP_{UC} E_{PR}^{PA}$. The P_{UC} represents personality in its conscious and unconscious phases while the E_{PR}^{PA} represents the environment, past and future, as well as the present. The personality, conscious and unconscious, contains the physical foundations for all psychical reactions. Many physical activities are conscious but others are unconscious. To talk and walk illustrate the former, to secrete adrenalin and have visual hallucinations, the latter.

The tropisms, reflexes, conscious and unconscious mechanisms of the body enter into the formation of personality although they are also the results of personality evolution and development. The protean variations of activity are extensions of primal protoplasmic activity and potentials. Cellular life is basic for all animals, including man. Whatever functional values exist in the makeup of the child are constituted by his physical cellular systems and their interactive status. No body, obviously, no child, but the vitalizing spark is essential for a living relationship with the environment.

The elaborated mechanisms for adaptation which afford leverages for systematic child guidance include all special and general physical systems, considered anatomically and physiologically. They also reflect the intellectual organization and the machinery for emotional responsiveness, both of which enter into social adaptability.

Child guidance rests upon the recognition of the physical status of the child. It depends upon a knowledge of the norms of development with due appreciation of the criteria which distinguish normal from pathological reactions. The capacity for growth and adjustment inheres in the structure and function of the child, even to the extent of rectifying much of what is called abnormal development. This is shown in the capacity of a child to correct defects or to employ one set of functions to offset those less well developed as is required for the compensatory adjustment of children orthopedically handicapped.

Pathological factors which merit consideration vary from insignificant harmless abnormalities, such as a patch of achromotrichia or a naevus, to profound organic states such as endocarditis or brain tumor. Pathological variations based upon physical structure fall into five broad categories. First are the defects which are harmless and not apparent to others, represented by a wart or a slight umbilical hernia. A second group includes defects that are harmless but are on an exposed part of the body and thus visible to others, as a pigmented mole on the face or irides of different colors. A third group includes bodily states which are not necessarily harmful, but are limiting in function. This is represented by the congenital absence of the thumb, an Erb's paralysis, the residuum of a hemiplegia that reduces intellectual levels to dullness or a marked ichthyosis which would interfere with social relationships. The fourth type of pathology includes conditions that are painful or harmful to the self, and, which, at the same time limit function, physically, mentally or socially. This significant category comprises conditions such as chronic arthritis, congenital deafness, congenital heart disease, subacute encephalitis and epilepsy. The fifth type is composed of states which reduce normal functioning, limiting all fields of activity. This contains conditions as varied as cretinism and mongolism, severe hydrocephalus and microcephaly, congenital paresis and psychoses generally.

While these five categories are but vaguely defined and might be added to, child guidance views the degree of pathology existent in terms of the remediability or irremediability of the condition. Its estimates are based upon important facts concerning the effect of the pathological condition. Hence it is necessary to determine whether there is only local activity and limitation or whether a diffused interaction can disturb the general level of adaptability of the child.

It is insufficient to categorize the physical organization of the child in terms of defects, deficiencies and diseases that handicap. The mere enumeration of a difficulty does not suggest the form of guidance indicated. For this reason other classifications are often more helpful clinically. Thus it is useful to evaluate the physical pathology in terms of structure or function, which, for the time being, are to be considered without reference to the psychic organization of the child as an introvert or an extravert, and without reference to the general levels of intellectual capacity. Regardless of the nature of the pathological deficiency, the psychological effects are determined by such significant factors as whether the handicap is congenital or acquired. From the standpoint of guidance, it is also important to appreciate whether it was inherited or non-inherited, preventable or non-preventable. Hence each and every physical deviation must be considered as a unit, but also in relation to the unity of the child functioning as a total personality. A large number of physical factors enter into psychological organization and each should be related to intelligence and its special disabilities and abilities, as well as to physical size, habitus and muscular coordination, and the behavior reaction to disappointment and frustration.

All personality reactions arising from internal and external urges are further complicated by the secondary limitations, particularly those of a social nature that are derivatives of the pathological elements.

It cannot be emphasized too frequently that there is but one psychology for all children and that behaviors are largely determined by personal and individual capacities for response in the light of their inner needs for self-expression. Somatic difficulties are not always clearly defined in relation to the personality reactions. Nonetheless the solution of the problems of children should primarily demand an appreciation of the physiopathology, in contradistinction to, though not apart from, the psychopathology. The latter may coexist with, be dependent upon or give rise to, the physical phenomena of clinical import.

Physical status, per se, does not suggest the probable psychical response to it. What appears to be a very simple physical deficiency, as the absence of a thumb, may cause more misery to a child than partial ankylosis of the jaw or blindness in one eye. Diabetes may engender less unhappiness than divergent strabismus. As will be indicated later, the reaction between the physical disorder and the psychical mechanism depends upon the personal characteristics of the individual child. These are noted in the interactive relationships with other persons, and the circular responses incidental to the necessity for adjustment at home and at school, in play, work and in general social living.

The classification of a child does not indicate the symptoms from which he suffers, nor does a physical diagnosis describe his actual functional capacity. It is unwise to assume that the diagnosis of a physical disorder gives full evidence concerning the child's educability, vocational potentials, or social competency. The child functions with retained potentials, not in terms of structures lost or functions destroyed.

The general psychological factors of his personality are inherent in, and depend upon; (1) the nature of his physical state, (2) the degree of its effect upon his personal goals, (3) the cumulative effect of a physical deficiency affected by any other dysgenic element in the personality, (4) the local effect of the physical condition, but more especially in terms of the total personality, (5) the secondary effects of the physical condition in the light of social response to it as it conditions his education, occupation, recreation, social responsiveness and adaptability.

Generally speaking, the physical pathology does not reveal its probable psychological effects. The child responds to its existence and his personal recognition of its effect upon his life as a person. His psychological reactions must be considered as they are revealed through his behavior. Behavior must be thought of as a physical, as well as a psychological reaction. It must satisfy fundamental biological relations and needs even as it seeks to satisfy internal psychological demands. Psychology depends upon life, which is energy organized in and through vital processes.

The behavior of children is based upon the physical elements that are common to all animals but which have undergone modification during the evolution of the peculiarly specialized, human central nervous system. The autonomic nervous system and thalamic living of lower animals are supplemented by the highly developed brain, spinal cord, afferent and efferent nerves. A physical stimulus may therefore give rise to conscious and unconscious psychological reactions, while unconscious psychological reactions, having no seeming organic basis, may give rise to overt physical symptoms, as is so common in hysteria. These facts illustrate the total interaction within the physical organization.

Each physical area is, to a considerable extent, environed by every other area of the body. The physical harmony is secured through the integration and correlation of the many systems which enter into the personality structure. This is shown by the fact that the sight of food stimulates the flow of gastric juices, the action of the thyroid gland influences the functional power of cortical cells, threatening sounds stimulate contraction of involuntary muscles; rapid motor action increases cardiac rate and consciousness of cardiac rate may induce a still more rapid rate, which may lead to respiratory distress, both of which may become causal in the development of a thanataphobia.

Such reactions show that, while voluntary motion arises within the central nervous system, and while the sympathetic nervous system is the main source of the involuntary activity, both enter into total personality activities. Similarly the endocrine glands afford a complex interaction profoundly affecting personality. All nervous and glandular structures consist in part of inherited elements constituting the foundation of all physical behavior. In contemplating personality organization it is essential to note that each organ is atomic but that it participates in multiple molecular combinations, which are united into a final compound of the body; hence they function in subtotal or total combination. Hydrogen and oxygen have characteristics of their own which are not manifest when they are combined to form water. Ice and steam are allotropic forms of water, which have varying capacities, as do carbon, coal and the diamond, although they are allotropic forms of carbon. Carbon, sulphur and potassium nitrate alone do not manifest the power they release when combined to form gun powder.

The nature and meaning of each physical structure derives its meaning from the constitution of the whole body. It can, through its own action, affect the meaning of the whole, because each different force affects the organic configuration. Further, the action of the body as a whole is more than the sum total of the actions of its structural systems. The personality possesses kinetic and potential energy in its own right, even though it is influenced by factors apparently dominating only one organ or visceral system entering into its physical nature.

The body offers certain genetic formulæ which are hereditary. It is often forgotten that whatever contribution heredity makes to behavior depends upon the combination of chromosomes at conception. This holds true whether one is concerned with infantile, adolescent or mature patterns of behavior. Such conditions as hemophilia and Huntington's chorea indicate genetically determined patterns of behavior, purely physical in nature, although their existence involves many psychological reactions. To the effects of the genes should be added the significant influence of the hormones as determiners of basic action trends and behavior patterns.

The experience of the race, structuralized, becomes instinct. Instinctive behavior follows unlearned patterns and reacts through inherited channels for the release of energy. Such behavior varies greatly from consciously determined intelligent action, which depends upon the nature and the degree of organization or disorganization of cortical cells. The physical basis of intelligence is constituted by neurons and by neuron patterns, which make possible perception, memory, association, imagination, judgment and the varied talents. Intelligent behavior, and not instinctive behavior, constitutes the basis of all learning and habit formation. It makes possible the conscious adaptation to social demands. It enters into the unconscious life, regardless of the theory of psychology employed to account for personality function.

Another physical basis of child behavior lies in the fundamentals of emotionality. These emanate in large measure from inherent and developed tensions or forces, many of which are related to the nutritive or reproductive systems. This accounts for the large measure of personal responses connected with hunger and fear. The emotional factors function in the interest of the personality and appear to revolve mainly around the ego and the alter ego. Sexual emotion serves both, while fear is induced by ego instinct and rage by alter ego interest. The sexual organization is more significant than the gastroenteric system because it is involved in the promotion of racial goals, while serving personal desire.

The sexual organization of the child involves anatomy, physiology and psychology. It relates to internal and external structures, inner drives and outer attraction, the secretions, excretions and goals of action that are personal and social. The behavior responses of the child may be based upon personal awareness of growth or change of the sexual organs (including mammæ), of differences in their size, shape or nature as compared with those of companions, parents or others. The general behaviors of children may be profoundly affected by their reactions to physical phenomena incidental to the natural or artificial stimulation and expression of the sexual mechanism. The reorganization of the adolescent person occasions many behaviors that are disturbing to emotional equilibrium. At this time numerous emotional conflicts result from social repression and attempted regulation of natural urges for sexual activity. The emotional disturbances may be sufficiently profound to eventuate as neuroses,

delinquency, or merely a revolt against home patterns, with concomitant anti-social or asocial trends

A variety of juvenile behaviors ensue from sexual curiosity, a desire for adventure or experience. Some are initiated by adult manipulation designed to promote sleep but are carried on because of an active interest. Behaviors are definitely changed when a child is weighed down by the thought that his nature, feelings or acts are out of harmony with patterns stressed because of their fine ethical values. His dysharmony is determined by the extent to which his conscience has been developed and the degree to which he is able to fortify himself against the idea of guilt and a sense of sin, which tend to lessen self-esteem.

The behavior of infants, when their hands and feet are held and restrained, demonstrates anger at frustration. The limitation of motion destroys pleasant feeling tone and causes an increase of muscular effort, with increased flow of adrenalin and liberation of glycogen. The consequent increase in pulse and respiration rates demonstrates the physical reaction to frustration. Similar patterns of behavior with attendant biochemistry arise when external efforts tend to restrain or suppress pleasurable activities. Hence aggressive trends result to offset the threatening frustration, giving rise to symptomatic behaviors such as disobedience, defiance, sulkiness and destructiveness. In fact all behavior is symptomatic.

Freedom for physical action is modified by social demand upon children at all ages. The conflict between uninhibited physical movement and social pressure for quietness and inactivity increases with age and growth, and especially with the development of the individualism of personality. This is exemplified in the early negativism so frequently noted among children between the ages of two and four years. This active form of rejecting demands, often accompanied by stamping and shrieking "No", demonstrates aggressive physical response to social demand or restraint. It is manifest in behaviors varying from mild irritation or resentment to violent breath-holding reactions. It may take the form of weepy submission or the doubtful hesitant reactions of a neurotic type. During these years or occasions, the personality of the child is slowly crystalizing as that of an individual distinct from parents, companions and society. This foreshadows increasing ego growth.

At later ages, similar forms of physical reaction are reflected in a rise of blood pressure, pulse and respiration. In many children, variation of the normal brain waves is noted, even to the extent of a marked dysrhythmia accompanying explosive behaviors, not essentially epileptic in nature. This further reveals a deep physiopathology for specific behaviors, as well as for general behavior trends, due to profound organic disease.

Conduct control, from a moral standpoint, is secured through precepts, habit training, and the learning of social taboos, religious principles and ethical concepts. The intelligence of the child is a primary factor in eliciting effort to

control actions. The behavior, however, despite all training, is affected by a number of seemingly physical factors. The state of nutrition influences behavior as is shown in the many vitaminoses. Conduct is affected by irritability due to insomnia and fatigue, by toxic states, such as hyperthyroidism or narcotism, by pain and trauma, as exemplified by the marked restlessness accompanying severe cerebral injury or chronic meningeal disease. The entire personality is tremendously modified by a glandular deficiency disease such as cretinism, or an organic disorder such as encephalitis. These facts suggest that so far as behavior is to be interpreted in the light of some social or moral code, the physical condition of the child offers one basis of estimating his fitness to adjust to social demands. Total physical well being cannot be ignored in studying juvenile problems of social adjustment. Every loss of physical normality can lead to reactions that hamper normal social living, even though the resultant behaviors may not take a form disturbing society.

It is probable that the physical differences of parents and children form one factor fostering the clash of the generations. This is obvious today in the differentiation in size, strength and energy that exists for the youth of the land as compared with their parents. The energy differentials cannot be excluded from consideration in child guidance clinics. Vigorous children and weak parents, or vice versa, cause many difficulties in discipline, education and adjustment.

The physical makeup of children is biologic and not inherently related to social demands. The physical bases are pragmatic in service to self, rather than ethical, in terms of value to the group. This is important because all behavior is dually evaluated, i.e., in relation to the self and in relation to society. The interpretation of behavior, therefore, must differ in terms of the frame of reference. Spitting to relieve oneself of an unpleasant taste may be a harmless behavior that satisfies the child, but spitting at the table in the presence of others alters the parental attitude toward it. Thus social judgment may complicate the significance of a very simple and natural behavior. The guidance of children involves a recognition that the same behavior carries interpretations that vary, dependent upon whether it occurs when the child is fresh or fatigued, well or sick; whether he has normal, subnormal or superior intelligence; whether he responds in a normal or abnormal situation. The physical basis of behavior may be overlooked in the presence of rigid ethical standards and immediate interpretation based upon the act itself, without due consideration of the act.

Physical acts are variously judged in terms of consequences, motive, underlying physical state, conscious and impulsive elements, unconscious and compulsive elements entering into them. The physical bases of behavior as related to the psychological reactions cannot be separated from a social judgment as to whether the behavior is "good" or "bad", "right" or "wrong". Children may evidence a thoroughly normal physical behavior which is adjudged abnormal by

reason of rigid judgment and demand. On the other hand some distinctly abnormal type of behavior may be regarded as normal because it appears so commonly within the child's family history.

The value of behavior to the child himself lies in the opportunity it affords for self-expression and release. Every necessitated thwarting of his own desires is a threat to his ego. His actions, however, are interpreted by other persons whose own physical state and interest may dominate their judgment. The reaction of a neurotic mother toward her child leads to judgments very dissimilar to those given by a phlegmatic mother under similar conditions for the same behavior. Normal behavior matures toward the goal of freedom with responsibility, based upon knowledge and experience. The possession of the energy and physical potentials fostering self-expression and self-realization with a minimum of frustration and unhappiness, constitutes an important factor in assuring good mental hygiene. In this light, child guidance should regard what is called pathological behavior.

It is helpful to evaluate behavior clinically on the basis of structure and function. This is absolutely necessary in every effort at therapeutic guidance. Structure and function may be divided in terms of the fundamental, and even developmental, elements of the body as an organic unit. The primary growth involves the sensori-motor organization. The entire sensory system merits recognition from the standpoint of ectodermic development. It is not merely a covering ectoderm but it is the part of the body which definitely relates the person to his world. It is the source and means of contact with the world, as it includes the systems of touch, taste, smell, sight, hearing and kinesthesia. The skin, and the special sense organs, as well as the central nervous system, neurons and ganglia, are involved in this receptive afferent system. To them must be added the epithelium of the mouth and arms, the glands, the anterior part of the urethra, the pineal, the posterior portion of the pituitary, and the medulla of the suprarenal gland.

These ectodermic elements enable the child to approach his world without movement. He can see it, hear it, feel it, but only in terms of an immediate relationship. They are concerned with static position and perceptions rather than with mobile, dynamic approaches. *The child can see from afar when unable to touch*, he can hear at a distance when unable to see. He can react in terms of where he is to something that is not beyond his reach. Without locomotion, his personality would suffer great limitation because of lack of social impacts. Nevertheless, behavior patterns necessary for, and incidental to, learning, moving about and manipulating objects are organized through the sensory system.

The efferent motor functions, promoting freer access to the world, enable the child to move toward it, attack it and disturb it. They are found in the tissues of mesodermic origin, comprising the muscles and connective and vascular tissues, the epithelium of the pleura and pericardium, the semeniferous tubules, the oviduct and uterus, and perhaps the sex cells. The motor pathways

and tissues make possible a mobile response to afferent stimulations of sensory origin, and provide for extending sensory experience.

Another set of organs highly significant for behavior, even more along functional than organic lines, is concerned with the metabolic processes. It comprises the entodermic structures that develop as the gastro-intestinal tract and associated glands, the pancreas, the thyroid and parathyroid glands.

On the basis of embryological origin of tissue, it is clear that a pathological phenomenon may be incidental to a sensory disorder, a disturbance of the motor system, an interference with nutrition or a dysfunction of the reproductive system. It is needless to emphasize the many possible psychical reactions that can be, and are, related to each one of these sources of special pathology. It is important, however, to appreciate the effects of frustration of normal growth in sensation, motion, nutrition and reproductive power upon the total well being of infant, child and adolescent.

Psycho-somatic relationships are reversible. If it be true that every physical function has its own psychology, it is equally true that every psychical function has its vegetative correlate. If a gastric dysfunction involves a psychology based upon needed security, or hunger for possessions beyond reach, a lack of security may itself occasion gastric distress. If the psycho-somatic factor is significant, there must be a physical basis for a large variety of functional nervous disorders. Similarly, functional psychical disorders may induce actual physical dysfunctions, which, by repetition, may transform a seemingly functional condition into an organic disorder. This is exemplified, for example, in ulcerative colitis, gastric ulcers, enterospasm and other physical forms of expressive symptomatic behavior. Cardiac distress will produce reactions of fear even to the point of thanatophobia, while fear causes a tachycardia which, with repetition, may inhibit, may lessen activity. It is unnecessary to stress here the psycho-somatic problems involved in child behavior, but it is manifest that the physical is as important as the psychical basis of behavior.

The suggested classification of pathological behaviors in the light of structure and function is useful but the pathological behavior should be evaluated in terms of ego and social values. These values which are definitely significant as the bases for later therapy require consideration from several points of view: (a) whether the pathological element is native, developmental or maturational, (b) whether it was acquired in the interest of personal or social goals, and whether these goals are in harmony or in conflict. Thus behaviors based upon a *nævus*, a *hypospadias*, a cleft palate or a *hypertrichosis* are in entirely different categories and require different treatment than such behaviors as smoking, masturbation, coarseness, lispings and hypocrisy, which are acquired in the interest of some personal or social goal. The behavior reaction may be in harmony with the standards of one group, but out of harmony with that of another. This is evidenced by the child who yells and swears at home with the rest of the

family but is in unpleasant conflict at school where such actions are not acceptable.

It is also necessary to determine whether the pathological behavior is to be regarded as primary, secondary or tertiary in origin. This distinction is clearly illustrated by the undersized child whose body pattern is hereditary, and thus primary, who has a secondary reaction of relative weakness in his group, and whose tertiary behavior is that of self-rejection because of his physical inadequacy. Other illustrations are (a) the child whose primary cryptorchidism leads to a secondary effeminacy and tertiary neuroticism, and (b) the child with primary congenital heart disease, secondary fatigue and tertiary withdrawal from social relationships.

A third consideration involves judgment as to whether the pathological behavior had an organic or functional origin, and whether organic and functional elements coexist, and to what extent. Every organic disability of a child has its functional accompaniment. Further analysis of the behavior next determines whether the apparent, or assumed, causes are remediable or irremediable. In the former instance, corrective therapy would be indicated, while in the latter case guidance might rest upon education for an acceptance of the condition, with readjustment to the unchangeable factor.

Pathology is not only a cause for treatment but is related to the indications for it. One must answer such questions as (1) Does the physical factor require specific treatment or can it be affected or relieved by general treatment? (2) Should the therapy be direct or indirect? (3) Does therapy require cooperation by the child or can it be accomplished without it?

A keloid following a third degree burn causes limited movement of the elbow joint, which is accompanied by aggressive reaction due to the limitation. This invites direct and specific therapy to remove the contracted keloid. But if the undesired behavior is symptomatic of a vitamin deficiency, the treatment is general and does not require special cooperation by the child. If the pathological behavior consists of stealing food, and the child is diabetic, the treatment is general and not specific, for the behavior itself is an indirect rather than a direct expression of the personality. The child's cooperation may or may not be required, depending upon the nature of the anti-diabetic therapy.

These suggestions concerning physical pathology support the idea that all behavior, pathological in type, should be considered in the light of its personal value to the child as a child, and in its social value to the child as a member of society. The behaviors that are purely attention-getting devices possess distinct ego values. Those designed to enhance the child's position within the home, making him more acceptable to family, relatives and visitors, have definite social value. An aggressive behavior might have more ego value than social value, while a submissive behavior might serve both equally well. It is true that some forms of aggressive behavior possess great social value while others are very antisocial.

All forms of behavior have concomitant emotional values and derivatives. A bid for sympathy because of a physical handicap possesses direct ego value. Sympathy and attention satisfy various inner desires. Consciousness of personal ugliness may lead to self-rejection and increase the need for security expressed through affection. The pathological behavior founded on physical causes must be viewed in terms of the degree to which the child accepts or rejects his own resultant behavior. His own ego and social values must receive consideration, whether his reactive behavior is submissive or aggressive, and whether it deviates little or much from the approved reaction expected from children of his age, economic and social status.

A full realization of the effects of pathology upon personal living is definitely related to intelligence, talents and general innate capacity for conforming to social demand. The foundation of intelligence, however, inheres in the physical organization of the central nervous system and the total personality structure. The ego-social values are bound up with potential adjustability within various spheres of social activity. Hence, physical structure underlies ego-social values as it is fundamental for adaptation of personal relationships within the home, companionships, school, vocation, church and the community.

The child's reaction to his own physical status creates an emotional state conducive to varying behavior patterns. No one can foretell the reactions of a child to his polydactyly, hemophilia, congenital lack of fingers on one hand, flaccid paralysis from poliomyelitis, to a large naevus on the face, a cleft palate, club foot, divergent strabismus or other handicap. His acceptance of himself and of his physical condition, his rejection, or his indifference determine different behavior patterns. He also reacts to the attitudes of others toward his deficiency and toward himself, and he further differentiates his behavior patterns to meet or offset these introjected reactions. The circular response thus operates in behaviors incidental to child-parent, intersibling and pupil-teacher relationships.

While all behavior is the expression of a total response to a stimulus, each may contain special reactions to a limitation of function, a disappointment after expectancy or a frustration of desire. Only the complete modification of the physical condition can lead to the elimination of the emotional phase of a child's actions. This offers no problem in psycho-genesis at the unconscious level, nor does it stem from an unconscious inferiority conflict. It is the outcome of a conscious feeling of inadequacy, annoyance, rejection or resentment, which, becoming constant, penetrates into the unconscious and leads to compensatory efforts to attain an inner normality of feeling toward life. Therapy should be directed to overcome the physiopathology.

Juvenile behaviors may be spontaneous, imitative, impulsive, compulsive, facultative, but they are always adaptive in character. They serve and express the personality. The behavior may be a means to an end or may constitute the end. Stealing to allay hunger differs from stealing for the excitement in the act. Masturbating is an end; lying is a means. A tantrum may be either means

or end. In evaluating purpose it is necessary to note the direction or limitation of the behavior. There are different values when an action is directed toward the self, the home, the school, the church or toward companions, fellow workers, social groups or society as a whole. The physical factor may have meanings of varying significance within these areas of activity. This is shown in the many standards represented in actions and attitudes of particular groups toward behavior, such as destructiveness, lying, stealing, incontinence of feces or homosexuality. The underlying bases of such behavior are as variable as their social content and direction.

Child guidance requires a study of the cumulative life history to determine the relative significance of various physical factors in the life of a child. Hence the hereditary, ante-natal, natal and post-natal elements should be considered, with relation to their effect upon the child's anatomical and physiological organization. It is essential to mentally reconstruct the child as originally constituted and to appreciate the effects of environmental factors. This necessitates an investigation of the physical and intellectual organization with relation to the sub-total systems involved. To call the child a mental defective is not adequate as diagnosis because there is a vast distinction between mental deficiency dependent upon microcephalus, hydrocephalus, cretinism and syphilis, just as there are differences in anemias incidental to hemorrhage, protracted rheumatism and leukemia.

The fundamental study of the child under guidance demands the complete physical examination with a careful review of the defects, diseases, accidents and habits that have played a part in his life development. Guidance, with its specific goal, the adjustment of the child, does not warrant a uniform methodology. His nature and needs should suggest the mode of approach to the problem. Practical concern for the child should transcend any psychological theory. No current school of psychology is adequate to prove the cause of all juvenile behavior, although all behaviors can be descriptively explained in terms of any theory. It is immaterial whether the therapist applies the theories of Freud, Jung or Adler to a behavior disorder which basically is due to a lack of vitamins, a post-rheumatic chorea, or to conscious resentment at rejection because of a club foot, or the harsh nasal voice due to a cleft palate. The physiopathology merits treatment in terms of physical causality before recourse to specific psychotherapy.

It is important to appreciate the nature of causes and effects. Multiple causes may be responsible for the same behavior as effect. Thus a child may lie because he has stolen and does not wish to be punished, or he may lie to secure praise for something he has not done. He may truant because he is too dull to learn, because he has been demoted, because he has been struck by a teacher, because a boy asked him to go to the circus. On the other hand, multiple effects may be produced by the same cause. Thus, one child with myopia will complain of headache and stay at home, another will want to go

to school because he wants to hear every word that is said, a third will run away because he cannot see the work and thinks attendance is useless. An understanding of the dynamics of the physiopathology depends upon an evaluation of the physical factor as cause and effect, but always with reference to the personality, and the specific personality or behavior problem to be solved.

Emphasis should be placed upon family histories, which indicate trends of behavior, as well as familial types of body, habits, interests, talents and limitations. The genetic and the blastophoric elements must be recognized in family stocks. This is especially true in dealing with children presenting neurotic and psychotic behaviors, mental retardation and psychopathic personalities. Familial patterns should be studied when children exhibit unacceptable behaviors incidental to educational difficulties arising from sinistrality, and particularly from its conversion to dextrality. Whether the transmission probability be high or low, an hereditary pattern is significant. It is necessary to distinguish between biological and social heritage. Familial patterns transmitted through imitation and suggestion are almost as vital as those passed on by genes; fortunately, however, they are more subject to correction. Even slight genetic variations may have profound effect upon a child. Thus having one brown and one blue eye may be more disastrous than the loss of one eye from accident, while the lack of an auricle may cause more reaction than deafness in that ear.

Some ante-natal conditions profoundly affect behavior. A partial detachment of the placenta or marked hemorrhage from placenta prævia may affect the development of the child and lessen his functional value. The presence of parental alcoholism or syphilis is etiologically important but so is the occurrence of manic depressive insanity, epilepsy, eclampsia, or even nutritional disorders. There is reason to believe that there are familial factors responsible for the development of malformations causing later difficulties in adjustment. Developmental defects include intrauterine amputations and teratologic formations but they are rare compared with vascular and pigmented nævi, hernia and cryptorchidism, cleft palate, hypospadias and epispadias, strabismus, chondrodystrophy, hydrocephalus, muscular dystrophy, dislocated hip and congenital paresis. Such factors operate variously and often seriously in juvenile lives.

The natal period is important because prolonged and difficult labors and even rapid labors frequently cause hemorrhages which result in brain damage sufficient to lessen later physical, mental or social efficiency. Injury to the basal ganglia may result in later tremors, incoordination or an athetosis profoundly affecting behaviors. Severe hemorrhages in the cortex lead to hemiplegias and paraplegias that limit locomotion, often interfere with learning and generally reduce the capacity for normal living. A large variety of birth injuries are incidental to external manipulation to overcome faulty fetal position. Forceps or fingers may leave their mark in the form of Erb's paralysis, a broken bone, an injured eye or other injury that may bring personal unhappiness. Fortunately ophthalmia neonatorum is succumbing to the mandatory use of a silver pro-

phylactic at birth. The former extent of blindness indicates a physiopathological factor that now is less common as one determiner of behavior.

The post-natal factors are of most interest because they are more subject to control. Life histories bear witness to special areas of physical disorder related to metabolism, traumatism, toxemia, infection and tumors. These terms, while partly descriptive, do not indicate the behavior reactions incidental to specific conditions arising in any of these areas. There is a difference between behavior accompanying the metabolic disturbance in rachitis, scorbutus and pellagra, and even more so when there are endocrine involvements, as in hypothyroidism or pubertas præcox. The effects of traumata depend upon their location as well as their nature and the degree of functional restoration. A large scar on the forehead of a good looking child has a different psychological value than an inguinal scar for the cure of hernia. A fracture of the elbow joint, with later immobility, is far more disastrous through limitation of activity than a fracture of the thigh with incomplete alignment after repair. Toxic effects of ivy and coffee, alcohol and milk create different physical responses that enter into the patterns of living.

Children respond variously to infections. The irritability during prodromes, the tendency to convulsion or delirium are expressive of sensitivity of the nervous system, particularly when such reactions accompany low fevers. Each disease has its own behavior pattern defining its course. The profound effects of some sequelæ of infections are best noted, not in poliomyelitis but in encephalitis, which may subject the entire personality to profound alteration. Thus, a gentle and kind child may become harsh and cruel; night sleeping may be impossible and day sleeping be compulsive; cardiac and respiratory rhythms may be modified, sexual inhibitions may be lowered and the lessened control of personal activity may be so marked as to make hospitalized life the only safe one. This suggests the extent to which psychological changes of personality may be due to physical causes. The psychogenetic factor is at a minimum and the symptomatic personality disorder results from the subacute infection, as directly as a shrieking, restless delirium follows a severe fracture of the skull.

New growths may vary from benign verrucæ, keloids, pigmented moles, lipoma, to malignant sarcoma, carcinoma and brain tumors. Their effects upon behavior depend upon location, nature, size, duration, degree of impairment of function, effect upon appearance and limitation of activity, and curability.

Anatomic factors are peculiarly significant to the self. Externalities play a considerable part in the interaction between self and other humans. Looking like others seems important even if one is otherwise different. There are even vague norms of appearance which are thought to characterize children at certain age levels. Standards of height, weight, beauty, sharpness of feature and shape play a real part in behavior as children are made conscious of them.

Constitution, as evidenced by anatomy but expressed by other factors, is also identified with behavior patterns alleged to condition future adjustment. During

the ages there has been marked distinction between linear and circular type. The Hippocratic *status phthisicus* and *status apoplecticus* do not vary from Kretschmer's asthenic and pyknic types. Additional descriptions of the athletic and dysplastic types carry little more determinative value than Sheldon's typology which formulate somatotypes in terms of endomorphy, mesomorphy and ectomorphy.

Basically significant is the idea that there are morphological variations which have meaning for the interpretation of temperament and personality. Thus, Sheldon identifies the endomorphic type as reflecting viscerotonia which is identified with "love of comfort, relaxation, sociability, conviviality, and sometimes with gluttony". He states that mesomorphic body reflects somatotonia in a "motivational pattern dominated by the will to exertion, exercise and vigorous self-expression". The ectomorphic person is said to show a cerebrotonia in which "the sensory and central nervous systems appear to play dominant roles. He is tense, hyperattentional, and under strong inhibitory control". These components of temperament, while correlating in part with somatic types, combine variously to establish vastly different patterns of behavior in children. Kretschmer concludes that there is a biological affinity between the psychic makeup of the manic depressives and those of pyknic body type, with a similar biological bond between the disposition of the schizophrenic and persons of the asthenic body type.

Regardless of the factors responsible for body types, the relative distribution of viscera and organization of features, these elements actually condition behavior patterns. Disregarding direct effects, the indirect results may be serious. The boy who regards himself as ugly, or feels that he is too short, and the girl who thinks she is too tall, or feels that her breasts are too small or too large, behaves in terms of reaction to body form. Children who are sensitively aware of real or fancied deviations react in accord with their ideas of the effect upon social living. Hence the varied behaviors of children with large projecting ears, prominent or absent teeth, prognathism, oblique eyes, bowed legs. Especially marked are behaviors associated with anomalies of the sexual organs, as micropenis, cryptorchidism, enlarged clitoris. The evidenced behaviors are due not merely to these conditions but to the personal reaction to the deviation and to what the children expect or believe to be reactions of others to their variation from the norm. The black-haired girl who pulls out her hair because she is the only dark haired child in a family of blondes does not differ essentially from the slowly maturing adolescent, too short to compete with companions of his age, who truants. She has much in common with the ugly girl who runs away from home because her acned skin and massive breasts repel the male companionship she desires.

Behavior attributed to endocrine dysfunction should be carefully studied. The endocrine glands form a normal part of the organization of everyone. Deviation from the normal function of any gland may cause a variety of symp-

toms, but too many behaviors are attributed to such glandular imbalance, when such is not the fact. Hence, one must analyze a behavior with reference to glandular action and establish its place in one of the following categories.

1 The action is directly due to endocrine disorder. This is represented by the general behaviors of the cretin which are found to shift upon the administration of thyroid therapy. The absence of thyroid secretion apparently is largely responsible for the type of behavior thus modified or corrected.

2 The glandular disorder and the behavior are attributable to the same cause. Thus would be classed the physical and mental asthenia due to tuberculosis of the lungs. It might even include behaviors noted in *pubertas praecox*, when a tumor is responsible for disease of the adrenal gland, the general constitutional change and consequent behaviors.

3 The behavior and the glandular disorder are merely concomitants as occurs among children with hyper-pituitarism and talipes equinus. The resultant behavior would be mixed, part being due to each of the concurrent physical conditions.

4 The behavior is largely responsible for the glandular difficulty. This is represented by the development of exophthalmic goitre following some severe traumatic experience accompanied by intense phobia.

5. The behavior pattern is developmental or maturational in character during endocrine reorganization. This involves many reactions in response to the gonadal organization, with new physical manifestations of puberty and adolescence.

6. Patterns of social behavior wholly independent of the status of endocrine organs. These involve lying, stealing, social complacency or revolt, or other habits with little dependence upon purely biological experience.

Comparatively few forms of behavior are wholly correctible by endocrine therapy alone. This is true for behaviors arising in the course of mongolism, cretinism, hyperthyroidism, hyperparathyroidism, hypo and hyperpituitarism. Adrenal imbalance with precocious puberty or pseudo-hermaphroditism and adolescent gonadal expansions with associated expression do not respond to endocrine therapy. The spontaneous or acquired development of auto-erotic, hemo-erotic or hetero-erotic activity, with compulsive exhibitionism, or impulsive rape is little changed by therapy with glands or derivative substances. Dependence upon endocrines and hormone therapy is insufficient to correct many behavior patterns known to be related to disorders of the endocrine organs. Such treatment is often effective in raising the level of intelligence, diminishing restlessness, overcoming cryptorchidism and causing regression in precocious puberty. Very rarely have sexual reactions been changed by the use of an endocrine element although there is evidence warranting trial of several. A large share of juvenile behavior must nonetheless be attributed to specific and combined glandular activities and the hormonal exchange which affects so many elements in the personality.

While structure precedes function, there can be no question that the physiological factors form the basis of psychology. The physical state of the organs of sight, hearing, taste and smell is significant, but the actual interpretative work of the sensory impressions occurs within the cerebral cortex and largely depends upon the harmonious action of the entire personality. Thus a child with an emmetropic eye may have a historical amblyopia and be unable to see. Hysterical deafness may co-exist with normal hearing power. To this extent physiological activity bears a relation to the total personality. This holds true for the physiological reactions of the pulmonary and circulatory systems. The heart is affected by the total psychical and physical status, and the total personality is affected by the state of the heart.

What has been said about the endocrine glands applies particularly to the physiological efficiency of the thyroid and pituitary glands, as well as to the secretory and excretory organs. The activity of the salivary glands, the pancreas and the liver is as dynamically responsive as that of the kidneys and bowels. The kidneys and bowels are affected readily by general excitement of the total personality by tension, insecurity and fear, and react frequently with incontinence of urine or feces, paroxysmal defecation of mucous colitis.

Some physiological reactions of the personality evidence a lack of harmonious interactions of all of its elements. This is demonstrated in stammering, facial tics, local anesthesia and contraction of the visual fields. The physical organization manifests a disorder of function without structural changes. The behavior is as truly related to psychic function as are the forms of reaction to primary neurological or orthopedic handicaps. In many instances the instability of the personality is noted in shyness, fears and introverted sensitivity.

Marked deviations from neural patterns natural to the personality give rise to incoordination, myotonia and other maladjustments accompanied by a variety of psychic discomforts. The importance of this is well exemplified when unilateral cerebral dominance is disturbed. Left handed and left eyed children are as well organized for function as are the right handed and right eyed, save for the fact that they are obliged to adjust themselves to a right-handed-right-eyed world. While frequently an attempt is made to shift them to right handedness, the eye dominance cannot be changed. An interference with the normal neural pattern results causing many difficulties, primarily in the field of learning, secondarily in the field of emotions and tertiary in social actions. Children who are converted sinistrals or who have been obliged to assume left handedness because of injury to the right hand manifest many symptoms of cerebral disorganization. Most commonly observed is confusion in the sphere of learning. There is a strephosymbolia or a twisting of symbols in either reading or writing (or both) letters or figures (or both). There is lowered efficiency in reading and spelling, occasionally in arithmetic. There may be considerable incoordination with resultant tremulous or illegible writing, motor restlessness and inadequate attention. Certain types of children evidence disorders of the

speech mechanism involving slow speech and incorrect pronunciation of material read, and certain personality types react with a definite speech disorder such as stammering.

These children frequently manifest secondary reactions of disappointment, disgust, despair or self-rejection with hostility towards education, teachers and parents. Their tertiary responses are unwillingness to study, truancy from school and occasionally, rejection of the home and the school, with aggressive lying, stealing and running away from home. These behaviors demonstrate the profound effects of one pattern of physical dysharmony, neural in nature. A psychologic method is unnecessary for the evaluation and correction of the behaviors incidental to a lack of unilateral cerebral dominance.

The physiology of intellectual activity is subject to rigid hereditary, cellular organization. This applies to the qualitative and quantitative phases of intellectual action, the power of association, reasoning and capacity for education. It is also affected by many sequelae of diseases and accident. The intellectual machinery destroyed by a birth injury cannot be restored by psychotherapy. The final level of the I.Q. will depend mainly upon the extent to which brain lesion is amenable to treatment. There is ample evidence that intelligence, as such, does not reside in any one set of cortical cells, but is a function of the entire cortical structure with coordinating and harmonizing foci in the frontal lobes. The integrity of the brain, the afferent and efferent systems, bring about the final mental pattern facilitating capacity for conscious adaptation.

Cerebral organization contains the elements entering into mental inferiority and superiority, although these are affected by fear, rage and love, insofar as the behavior patterns reflect the basic emotional directive forces. Emotional effects appear in pavor nocturnus, somnambulism and somniloquy. Rage accompanies the frustration of desire, and a sense of insecurity or fear for position encourages tantrums, destructiveness or episodes of breath holding. Fears promote jealousy, lying, bullying, reticence, aggression, neurosis.

The basic need for love and the desire for recognition and response lead to behaviors as varied as demonstrativeness, sibling rivalry, sexual crushes, coyness and aggressive solicitation of affection.

The personality, in its own interest, strives for power, success, independence, and recognition, particularly when physical inadequacy exists. There may be over-compensation in the form of tyranny, boastfulness and pugnacity, or a strategic retreat to shyness, hesitancy and lessened social contact. Such reactions are related to general trends of personality to project itself upon the environment or to respond to its introjection. Jung stresses that extravert and introvert qualities are physical patterns, probably of inherited origin. The extravert and introvert types of personality reaction are thus formulated on a physical basis. Jung also makes further differentiations into four basic functions; thinking, feeling, sensation and intention. If psychic energy is transmissible, emotional trends, sentiments, attitudes and conflicts are part of total organization and can-

not be separated entirely from the physical status of the moment nor from the physical type represented by constitutional structure.

There is another physical basis for human behavior which cannot be entirely separated from social living. The biologic child is obliged to make his adjustments in a social world. Therefore he acquires habit patterns. These are methods of adjustment tending to make the nervous systems allies instead of enemies of the personality. These acquired modes of response vary from automatic and organized reflexes to impulsive habits, involving incomplete or no thought, to volitional habits consciously planned and cultivated. Simple reflexes due to stimulation of a reflex arc are usually predictable. Conditioned reflexes are newly organized patterns of chained reflexes whose final action results from learning and association.

Habit formation combines the activity of the cerebrospinal and sympathetic nervous systems; brain, spinal cord, peripheral nerves, ganglia and the fibres ending in the endocrine glands, heart and all nonstriated muscles of the viscera. The nervous system, anatomically the sum of the neurons and physiologically the sum of all neuron patterns, constitutes a stimulus response mechanism for all human behavior. The behaviorist, rejecting all introspective psychology, explains all human activity on this physical basis. He applies his theory of physical response to instinctual reactions such as sneezing, coughing and defecation. He likewise finds therein the material explanation of the emotions, fear, rage and love, that so readily affect circulation and digestion. The behaviorist also holds that habits form the basis of thought and speech, as well as of art and action.

Habits are formed by repeated responses to physical or ideational stimuli. Habit patterns are changed primarily by changing a stimulus, short-circuiting an idea, substituting a new effort, making the child more conscious of the habit to be changed and the habit to be formed. Thus the inculcation of habitual behaviors becomes one phase of the process of socialization but their adoption is conditioned by the complete physical organization of the child.

Habits are: (a) physical, as those pertaining to personal hygiene, muscular skill and vocational adequacy; (b) intellectual, as relating to study, learning, imagination, artistic creation; (c) emotional, finding expression in attitudes and sentiments, as well as in waves of exaltation or depression; (d) social, as a means of participating in human affairs. These require physical adaptations to meet many social conventions, laws and ethical principle.

From the social standpoint, habits may be adjudged as social, asocial or antisocial, according to the degree to which they are sanctioned or approved by society. Habits are also subject to classifications that vary in terms of the groups to which the child belongs. The habitual attitude displayed within a juvenile recreational group might be regarded as antisocial if manifest in a church group, and asocial if in an adult group. Social formulations and judgments concerning rightness and wrongness, goodness and badness, normality and

abnormality, ethicality and unethicity, have nothing to do with the physical factors entering into the habit

Habits may be purely personal, facilitating ease and comfort, promoting the achievement of definite goals and the satisfaction of a particular purpose. A large proportion of juvenile habits are viewed in terms of their social significance and the degree to which they represent the attachment of the child to others, including parents, friends and siblings. They are more frequently evaluated in terms of the comfort of adults in the home and the peace of family life, than in the light of their significance to the child. Fortunately most personal habits have a social value and most social habits have a personal worth, as all habits play a part in adaptation

Some personal habits are basic and inherent, such as those affecting the heart and lungs, the cycle for urination and defecation. Other personal habits, related to hunger, sleep, work, study and play, are affected by the general well-being and freedom from active disease. Some distinctly social habits are based upon psychical reactions, which are variously affected by the physical state. These include ideational habits induced by emotional factors such as those which dominate opinions, judgments and sentiments. Some of the essential physical habits are internal while others are external in nature, origin and effect. The physical internal habits affect the secretion of nutritive juices but are dependent upon hours of eating and habits of sleep, just as the time of excretion is determined by family habits or school demands. Habits more definitely external in expression are those reflecting obedience, orderliness and neatness. These involve physical organization and personality trends, the fitness and willingness to form requested habit patterns

Behaviors constituting conditioned patterns of habit are divisible into three main types, forming the physiological, social and pathological activities. In the realm of physiological reaction patterns related to nutrition, those especially important are *ingestion*, *retention* and *egestion*. The first finds pathological expression in finicky eating, *pica*, *polyphagia* and *polydypsia*. Retentive behaviors include holding food in the mouth, and constipation. Egestive habits include spitting out food, incontinence of urine and feces, frequent urination and numerous loose stools.

Pathological but physiological habits causing great concern are represented by reversal of the sleep cycle or rhythm after encephalitis, insomnia due to nausea, delayed sleep incidental to excitement or toxic substance. Behavior patterns of hyperactivity occur among children with cerebral injury at birth, those with precocious physical development, hyperkinetic hyperthyroidism, restless meningeal irritation. Diminished activity is found among the readily fatigued, the muscularly weak or dystrophic children, whose activity usually evokes pain or distress. Some youngsters, with marked self-rejection, merely sit and read to escape from the necessity of active social living

A vast series of physiological habits arise in the sexual sphere, especially in the course of gonadal maturation. Sexual curiosity, body exhibition, masturbation, indulgence in homosexual or heterosexual play need no special stress in this section, as they will be emphasized in psychopathology. Many habits of speech and action are based upon the adoption of specific patterns of behavior believed to characterize and emphasize the sexual status as that of a male or a female, and later, of a man or a woman. Uncertainty concerning one's sex is a serious psychological hazard.

Very many of the behavior disorders of children are definitely at the social level. They usually involve personal unwillingness or inability to adjust to the demands of others. The problem of inculcating and eliciting manners, i.e., good manners, originates in an ultimate purpose of bringing about juvenile conformity to adult standards. The process of social maturation involves the imitative or suggested acceptance of social norms. Failure to recognize external authority leads to the habit of disobedience, of challenge and defiance. Slow, rapid or incoordinate movements may lead to an unpleasant disorderliness, which is viewed as pathological behavior.

Conforming social habits frequently are demanded when the physical status of the child makes it difficult for him to satisfy the request. His physical state may act as a check upon his willingness to follow the course imperatively urged, even when punishment is threatened. The condition of health is a common reason for many behavior patterns that disturb parents. Fatigue, secondary anemia, allergy, parasitic invasion, chronic infection, subacute inflammation, nutritive deficiency, uncorrected sensory defects and innumerable other physical states help to nullify efforts to achieve even when the desire to do so exists.

A number of definitely pathological activities involve movement or manipulation of a part of the body. These include head rocking, head knocking, thumb sucking and nail biting, nystagmus, *multiformed* tics, epilation, chewing, sucking and biting materials, and some forms of masturbatory activity. These pathological habit patterns must be evaluated in terms of causation, nature and meaning to the child. Some head rocking and knocking are incidental to mild meningeal irritation, some thumb sucking follows the deliberate placing of the thumb in the mouth for the purpose of sedation, many tics are secondary to a foreign body in the eye or disease of the antrum. All of this group are not based primarily upon physical deficiencies or needs, but many evidence physical responses to emotional hyperactivity and unconscious conflict.

Another behavior pattern on a purely physical level merits mention because it is commonly related to psychic pathology. It is related to the autonomic, sympathetic nervous system but expressed through visceral function. The physical behaviors are represented by emesis, diarrhea and abdominal pain, especially of the periumbilical type incidental to enterospasm. They are also manifest in the circulatory system by tachycardia, blushing, arrhythmia and syncope, in the irregularity of respiratory rhythms and disturbances of the fre-

quency rate of micturition. These behaviors rarely originate in the visceral system affected, but are physical reactions to disturbances founded in psychopathology. For this reason, physical responses to psychoneurotic disturbances should at least be mentioned in this section. They are observed in anorexia nervosa, the anesthesia and contractures of the hysteric, the psychasthenic reactions of hypochondriac. They are physical reactions to factors of emotional disturbance, which, however, are residually connected with the protection of the animal body on the basis of a nervous organization that long preceded the elaboration of the cerebrum.

It is unnecessary to stress the physical factors entering into toxemic conditions, because they are not frequent among children. The inhibiting and releasing values that result from the use of alcohol and narcotics play the same part in causing physical reactions and deterioration.

The final type of behaviors affecting, and affected by, physical status occur as a result of psychoses which fortunately are uncommon among children but appear often among adolescents. Just what are the physical factors in the etiology of cyclothymic, schizophrenic and paranoid disorders is not known. But the presence of involutional psychoses, toxic psychoses and syphilitic psychoses, such as paresis, as well as the mental symptoms appearing in the course of pellagra, diabetes, alcohol and infectious diseases, strongly suggests that the physical basis is probably as significant as the psychogenetic forces at present alleged to be responsible for their development. This viewpoint is substantiated by the general helpful effect of a therapy including the use of insulin, electric shock, the vitamins and endocrine products, in the treatment of psychotic disorders.

One general group of conditions responsible for definite personality effects and consequent mixed, and often bizarre, behaviors has been omitted. It includes the children with congenital deformities so pronounced as to warp or limit their entire lives. It includes the congenitally blind and deaf and those who suffer from early acquirement of blindness or deafness as the result of disease and also those who become orthopedically handicapped sufficiently to hamper their normal physical and psychical development. It is likewise represented by children who become early victims of disease, whose effects or sequelae constitute a threat to the personality, and those children who, in response to operations, varying from tonsillectomy to enucleation of an eye or a major amputation are obliged to reorganize their personality to meet increased strains. The discussion of the guidance of the handicapped is reserved for other sections of this volume.

Physiopathology should receive much thought in deciding upon a program of therapy in a child guidance clinic. The pediatricist or psychiatrist (preferably the two in one), is familiar with a large variety of therapeutic procedures. He should be able to select the probably helpful measures available for the

management of the physical states held to be causative, or entering into the causation of any particular undesirable personality, or behavior pattern.

The list of distinctly physical therapeutic approaches deserves mention. It includes (a) an acceptance of the process of physiological evolution and the natural processes of maturation; (b) the organization of life in terms of energy requirements through the direction of exercise and rest; (c) the employment of all types of physiotherapy necessary for functional stimulation, correction and restoration, in addition to muscular re-education; (d) the improvement of bodily coordination through establishing unilateral cerebral dominance, (e) the maximum correction of remediable sensory defects; (f) the establishment of the optimum nutritive conditions, through special diets, supplemented by vitamins and minerals if indicated; (g) the use of endocrines in the form of hormones, glandular substances and derivatives to offset deficiencies and increase the general endocrine balance, (h) the desensitization of existent allergies, as determined by specific testing, (i) the utilization of the various drugs indicated, such as stimulants, sedatives, alteratives, analgesics, anti-spasmodics and convulsants, (j) the surgical procedures requisite for the remedial, corrective and plastic service, essential to restore or secure the most effective physical functional normality.

This enumeration of suggested therapy for the treatment of physical pathology is incomplete. Furthermore, it merely suggests methods of direct approach to physical factors in behavior. Some therapies promote an indirect approach to the problems. These are represented by school adjustment, vocational guidance, remedial teaching, active athletics, home education, religious education and habit reformation through discussion.

It may be necessary to use direct and indirect suggestion more purposefully to promote a larger variety of social experience and to foster better attitudes within the home as well as to increase or redirect interest in personal advancement. It may be helpful to utilize dream therapy, play therapy, and recreational participation. Only rarely is there need for specific analytic measures and it matters little whether one follows theories of Freud, Jung or Adler. All personal efforts enter into a broad psychotherapy, but hypnotism, religion, persuasion may be of particular service at times in promoting adjustment even though a physical cause appears dominant.

The physical system responds to the indirect effects arising from social therapy. Interpersonal relations increase opportunities for activity and the general energizing of life, whether they develop at home, at school, in shop work, or in recreation on the playground. Social life may call for the correction of a speech disorder or an introduction into the intelligent use of cosmetics in order to promote a better sense of well being. On the other hand, it may become more important to change the general environment by rural placement or shift to a foster home, or by promoting physical well being through scouting and camping. The improvement of economic and social status, supplemented

by a more understanding attitude improves general well being and aids the physical growth and personality development of children

These supplemental therapies are suggestive and not inclusive as therapy should always be individualized. Experience supports the fact that a large measure of child guidance rests upon: (a) a foundation of understanding the developmental levels of childhood; (b) an appreciation of the physical alterations incidental to maturation, (c) the recognition that the basic physical constitution is important in the organization of a child's personality and the resultant behavior patterns, (d) an evaluation of the individual effects of acquired medical and surgical experiences. Psychopathology has its profound relations to physiopathology as effect, as well as cause. The unity of body-mind, the interaction of biologic and social factors enter into personal relationships. As physical energizing elements, they offer the basic factors to be studied for intelligent child guidance.

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THE PSYCHO-PATHOLOGICAL ASPECT IN CHILD GUIDANCE

By

MARGARET W GERARD

OUT of the scientific advances in psychiatry of this century there has developed a theory of psychic illness which bears a relation to diagnostic psychiatry similar to that of pathology to internal medicine. As modern pathology is concerned with the disturbance of function in the whole body, caused by a disease, so modern psychiatry recognizes the distortion of the total personality which occurs in any behavioral or emotional disorder even when one symptom may predominate. The symptom tells us that there is a disturbance in function, but it is only when we analyze the various changes in the personality, that we see clearly the underlying structural change or abnormality. To recognize and understand the pathological deviations one must know what is the "normal" character structure, what are its integral parts, what is the relation of each part to the other, and what is the normal functioning of the integrated whole *

THE STRUCTURE OF PERSONALITY

The structure of the child's personality is constantly changing, and the changes occur as a result of the maturing of the various parts. The goal of this development is an integrated personality of the normal adult. Experience has taught that both constitutional and environmental factors influence the course of growth, and therefore must be included in any theory of development even though there are still individuals who claim that the one or the other is so dominant a factor that it alone is worthy of consideration. It is the constitution of the individual which is fixed and upon which the environmental influences play to modify the mode of expression of this part of the personality. At birth, the child's functioning is completely biological and his behavior is directed toward the satisfaction of biological needs. One might say that he becomes a social being only as the environment imposes limitations upon the satisfaction of these needs and he changes his behavior as a result. This is the

* Normal is not used here to designate an absolute criterion of behavior, but it is used in a relative sense to represent modes of behavior as are successful for a particular individual in the particular social situation in which he finds himself.

point at which character development begins. There are two biological goals of the human being as there are for all other animals, self-survival and race-survival. The energy available for the satisfaction of these functions we call *drives* *.

Schematically we can classify drives into an aggressive drive directed toward self-survival, and a sexual drive directed toward race-survival. These drives, however, are not isolated from each other as one might expect from such a classification. At times they are in conflict but at other times they fuse. An obvious example of the former is when an individual may need to risk death to obtain a mate; and of the latter, is when aggression is used in seeking and capturing a mate. Constitutional differences in the strength of the drives may occur and the direction of the character development may be influenced by these relative strengths. It is very difficult to determine in any one case whether or not an individual is constitutionally more aggressive than the average or is more sexual; or whether an exaggerated activity of the drive is the result of environmental experiences which favored such an expression. However, one cannot deny that there are probably constitutional variations. In epileptics, for example, one always finds in analysis of the character a very aggressive personality, and most psychiatrists concede that aggressiveness is constitutionally greater in quantity in the epileptic than in the average person. This constitutional difference in the strength of the drives will then be a factor influencing the personality development. Of other important constitutional variables, the differences in intellectual and physical capacity must be taken into consideration in theoretical formulations.

Structurally, the drives form the fixed part of the personality which has been named the *id* to differentiate it from the other two parts, the "Superego" and the "Ego," both of which develop after birth in reaction to environmental demands. It is the superego and the ego which make it possible for the individual to live in a cooperative society, for they are the parts of the personality which direct the expression of the drives into socially accepted channels. *The superego* is the repressing part of the personality, and is opposed to the drives or the instinctual part. In common parlance, it is the conscience which passes moral judgment upon the instincts. It is not present at birth, and is obviously not an inherited morality, but is created as an intrapsychic agency out of compulsion arising from an environment which is inimical to directly expressed drives. How this occurs, we will discuss later under character development. *The ego* is that part of the personality which is oriented toward the environment and whose main function is to direct the expression of the drives or inhibit their activity at the behest of both the superego and the external reality, as it exists or as it appears to exist. The techniques which are used for the ego function are called defense mechanisms for they serve to protect the individual

* The term *drive* is a free translation of the German word, *trieb*, for which we have no exact equivalent. It implies energy in the service of an instinct which is goal directed.

against unacceptable or anti-social methods of discharge of instinctual energy. Successful techniques are those which allow a maximum of discharge of instinctual energy in behavior which is not disapproved by the superego or by the society. Persons with such a balance of the various personality elements we designate as normal. Pathology occurs when there is a disbalance, due to, the overwhelming strength of the id, a too severe and inhibiting superego, or a weak ego which cannot develop successful defenses and behavior techniques. Such a weak ego sanctions unsatisfactory expressions which are the symptoms of psychic disorder.

THE DEVELOPMENT OF THE PERSONALITY

Let us turn now to a discussion of the formation of the superego and ego through the various stages of a child's early life. The experiences of these early years are the influences which determine the direction of growth—toward a healthy sturdy character which may meet successfully the exigencies of life, or toward an ill, weak character which meets the problems of living by one or another type of failure

In infancy, as has been previously indicated, personality consists of instincts demanding gratification. Gratification gives pleasure; lack of gratification causes tension. The child seeks always to follow the pleasure principle and to avoid tension which brings discomfort. Soon, however, he learns that gratification depends upon the presence of another person, the mother, and he learns to associate mother with pleasure. Thus is the first seed of love sown and the dependence upon the mother instituted. In this first stage pleasure is mainly derived from nursing, and the instinctual energy is directed toward survival. Soon, however, other pleasures begin to be experienced, such as the pleasure of being handled, of being caressed, of being bathed, all of which are associated with the presence of another person. Pain of delayed feeding, of rough handling, or of punishment may also occur; and the child learns that not only pleasure, but also pain may be inflicted by an environmental agent. The need for protection and love from the parent thus becomes important to the child, and to avoid the anxiety which has grown out of painful experiences, he learns to forego immediate pleasure to insure a future pleasure and avoid pain. This is the first attempt to substitute the reality principle for the pleasure principle, and the ego begins to form. The pleasure principle, however, is still in the ascendancy, for control is instituted to gain the pleasure of the mother's love. One might say it is the substitution of one pleasure for another pleasure.

As the child grows and becomes more active greater demands are made upon him, and he complies again to maintain the pleasure of love and to avoid the pain of punishment. He gives up the nipple in favor of spoon feeding; he gives up the pleasure of urinating and defecating on any occasion and restricts his excretory activity to the proper times and places; he inhibits some of his

destructive activities, and so on. At first he complies only when the restricting individual is present, but soon he controls or directs his own behavior even in the absence of his parent. He differentiates good from bad; permitted activity from prohibited activity, and at last the superego is established. From then on the prohibitions of the superego will be in conflict with impulsive wishes and will inflict a sense of guilt upon the child as impulses strive for expression. As the superego grows in strength and breadth the ego must keep pace with it and develop methods of expression which will satisfy both id and superego, as well as the changing environmental demands.

It is during the beginning phases of superego development that the child is confronted with the problem of the "oedipus" strivings. At about three years he becomes more aware of his sexual impulses; masturbation, which previously has been casual and almost accidental, becomes a desired pleasure; his love for his mother becomes more seclusive, and he feels threatened by the rivalry of his father's presence. Within himself he feels a conflict between the love and the hate of his father, between the hostility toward his father and his superego displeasure. Coincident experiences may heighten the problems of this period. Punishment for masturbation or perhaps threats of bodily injury as punishment intensify his feeling of guilt. Observation of a girl's genitals may add assurance to the threat of injury and develop a castration fear. As little Johnny, a very fearful child, expressed it: "I know some day my penis will fall off Alice's did and I'm badder than she is." In the solution of these disturbing problems, the child may develop any number of symptoms. Normally, however, his ego solves the problem by bowing, at least in form, to fate. He gives up his mother as an exclusive sexual object and passes into the next phase or latency period.

The development of the boy has been summarized above, partly because more is known of the details in a boy's growth, and partly because transition from stage to stage is more schematic. It is not complicated at the oedipus phase by a change of love objects. He loves his mother as a dependent baby and later as an erotic boy. The little girl, however, except for this complication of changing the direction of her interest from the mother to the father, passes through the same stages and into the latency period to solve the difficulties involved in her sexual interests.

In the latency period, the child directs his energy mainly toward the development of skills which are put into the service of the ego. Love is expressed in friendship. Aggression has an outlet in competition. His superego takes on the moral attitudes of the members of his larger community, of his playmates, of his teachers, of heroes, and so on. It is a period of strengthening the various personality elements and integrating them into a whole which may function as a unit with a minimum of stress from conflict.

Adolescence then comes upon the child at the end of latency and forces him to solve one more major problem, that resulting from an intensification of the

sexual strivings of the id. The biological maturing of the sex organs is responsible for this. His id and superego are equipped to integrate a less imperious id and they must then change in strength and quality to handle the new conditions. The various adolescent disturbances stem from this reorganization. If it is successful a mature adult results, if unsuccessful, symptoms evolve leaving a neurotic or psychotic adult.

In this condensed summary of the various phases through which the growing child passes, only the experiences common to all are touched upon. No attempt has been made to discuss the many and varied events to which a child may be exposed and which influence his process of growth if only in a minor way. One may mention only a few: the presence of siblings and the problems they present, parental attitudes of love or hate, physical illnesses, economic need or luxury, and so on. In the discussion of symptoms, many of these events will appear as causative factors.

PSYCHODYNAMICS OF SYMPTOM FORMATION

Neurotic symptoms or behavior difficulties result from an unsatisfactory attempt to solve the conflicts between the demands of the various parts of the personality and those of the environment. Anxiety arising out of conflict is the agent which forces the Ego to attempt some form of solution—whether normal behavior or symptoms result. Thus at the basis of all psychic difficulties, even if not in the presenting symptoms, one finds anxiety. There are two types of conflicts with which the individual must deal, instinctual and structural. As the name implies, instinctual conflicts are those which result when the impulsive desires of the id are opposed to each other. This type is seen frequently in early childhood when the child's love for the mother, with its attendant wish to be loved by her, is opposed by the wish to injure or destroy a rival sibling. The conflict is between the love and aggressive impulses, both of which belong to the id or instinctual part of the personality. To possess the mother exclusively the child wishes to do away with the rival but experience has taught him that attacking this rival is more apt to lessen his mother's love than to increase it.

A structural conflict is one which occurs between the dynamic parts of the personality, as when superego demands oppose impulsive wishes, or superego demands oppose Ego attitudes, and so on. A clear example of a structural conflict is that common one of adolescence when the increased sexual wishes press for expression and meet the opposition of a superego which prohibits sexual experience.

In an attempt to solve these conflicts between the various parts of the personality there grow up methods of expression which we name *defense mechanisms*. They might better be called integrative mechanisms, for dynamically their purpose is to direct the activities of the individual in such a way as to achieve the greatest satisfaction of the wishes of the various personality parts.

If one is not too analytic of the details of correlation, the composite of psychic mechanisms may be compared to the organization of a democratic government in which the purpose is to so coordinate the activities of various departments that the greatest satisfaction may be secured by all persons in the country. Defense against internal strife and against external attack are important functions of a government. But these are certainly not the only nor the major functions. Similarly the psychic mechanisms have, as important functions, defense against the disintegration of the character due to internal conflict and against injury from external attack but the main function is the organization of the various elements of the personality for satisfactory living.* There are many psychic mechanisms which develop in response to the necessity resulting from living in a society. We shall outline here only those which have been found most important in the production of symptoms.**

Inhibition is a mechanism of control in which a wished act is inhibited from direct expression because of a fear of consequences. In adult life it may occur as a result of conscious recognition of the wisdom of such a procedure and it may only postpone the act to a more auspicious time for expression. The infant may also consciously inhibit certain activities in the presence of the denying parent because of the fear of direct disapproval or punishment. For instance, a small child may not take candies from a dish if its parent is in the room but as soon as the parent leaves he will eat his fill. His initial inhibition is the result of fear due to external conditions and is not yet the result of internal prohibition due to the superego.

Repression occurs after the superego has partially taken over the control of behavior. It is activated whenever a prohibited wish presents itself, not only when the prohibiting person is present. Repression inhibits not only the act which would naturally follow the wish, but it inhibits the wish itself, so that the individual is not aware of the wish in its initial form. It becomes unconscious, as we say. However, since no energy in the psychic economy is lost and painful tension results from undischarged energy, the ego develops other mechanisms of behavior in an attempt to relieve the tension due to repression. These new mechanisms allow expression of the wish, not in its primitive form, but in a modified form which is more acceptable to the superego and the environment. The following mechanisms, thus, are developed as a consequence of the tension produced by the repression or the attempt at repression by the superego.

Denial of the wish is one of the more primitive methods. The child, for instance, may deny that he hates his brother toward whom he is rivalrous for

* A country may have a government so organized as to satisfactorily consummate its purpose, or the government may be so poorly organized that it disintegrates or functions most inadequately. Equally, the individual may have developed psychic mechanisms in his character so successful that we call him a normal personality, or he may possess mechanisms which are so unsatisfactory that the individual becomes ill and manifests phenomena which we name symptoms.

**For a more detailed discussion of defense mechanisms see A. Freud (9), O. Fenichel (6), and F. Alexander (1).

his mother's love, and he may then explain an attack upon the brother as due not to hate but to some other cause, such as the loss of a toy.

Overcompensation results from an exaggerated need to deny a wish, and often disguises the wish by a protested wish for the exact opposite. An instance of this occurs in a form of altruism which expresses itself in the admonition, "love thy enemy." The hate of sibling rivalry may be used again as an example. The child, instead of expressing a repressed hate for his brother, may protest uncompromising love and care for him as a loved object. Such love, based as it is largely on a fiction, is not stable. It may serve also as the outlet for the basic hate when, in the form of overprotectiveness, it thwarts the pleasures of the rival. This is a *compromise* method and for many persons is the solution which becomes immediately satisfactory to the superego. "The left hand knoweth not what the right hand doeth."

Identification occurs when the individual takes over the role of the punishing or directing individual as his own role. It is a mechanism in all normal development, influencing the configuration of both the superego and the ego. The child thus solves the fear that a parent will punish him for his unacceptable wishes by behaving as would the parent. In this way he has a guide to direct expression into acceptable channels. If, however, the figure with whom the child identifies has pathological symptoms or behavior, identification may cause the development of like pathological behavior in the child. For instance a cruel father fosters cruelty in his son. It develops not only as a protective device but as a result of identification with the parent.

Introversion is the mechanism used to turn the energy which would normally be directed toward an external object back onto the self. Self love, so called "narcissism," is an example of this. The child who finds his expression of love consistently thwarted becomes self-centered. He avoids the pain of rejection by loving himself only. Aggression may also be introverted and hostile impulses then will be directed inward and the self is attacked rather than an external object. Self-criticism and self-depreciation are evidences of this mechanism. It may even be so exaggerated that one injures one's own body, as evidenced in the self-flagellation practiced by certain religious sects.

Substitution of one object for another is a technique by which the instinct gains expression but substitutes an acceptable for a non-acceptable object. The educator teaches such a mechanism when he urges the nursery school child to kick the door step instead of the boy at whom he is angry. It occurs usually when the child first loves and cuddles a doll when deprived of the loved mother.

Projection is the phenomenon of endowing the object of an impulsive wish with the wish itself. It is seen frequently in children who disclaim prohibited thoughts or wishes. Johnny says "I don't hate Tommy. He hates me and that is why I hit him." Projection is basic in the paranoid delusion in which the patient disclaims all feeling in himself but complains that another person is persecuting him because that person loves or hates him.

Displacement is somewhat similar to substitution, in that the individual substitutes or displaces one form of activity for another. The pleasure from stimulating one part of the body, for example, substitutes for the pleasure from stimulating another part. Displacement occurs when the child gives up masturbation, which is punished, and adopts thumb sucking, which is not. The pleasure and its associations are displaced from the genitals to the mouth.

Conversion is the term used when sensations belonging to one organ are invested in another organ and thus it is somewhat similar to displacement. In conversion, not only the sensation of the organ but also its functioning is altered. This occurs mainly in relation to the sensations and functions of the genital organs, and it is described often as the "genitalization of an organ." In perversions it is obvious that the anus or the mouth, for example, have taken on erotic significance and serve as organs of sexual gratification. The conversion which occurs in conversion hysteria is less obvious upon superficial observation, but it is disclosed upon deep analysis of the symptom.

Regression occurs when behavior at one level of development is given up in favor of behavior at a more infantile level. There are many examples of this mechanism for it occurs in almost all neuroses and it occurs temporarily in normal individuals during periods of intense stress. The level to which the individual regresses is determined by fixation at that level.

Fixation at any one level means the retention in the character of elements of behavior attitudes and pleasures which are normal for that level. Such fixation may result from experiences of extreme indulgence in the pleasures of that time so that the child begrudges the sacrifice of these for the unknown ones of the next stages and retains a longing for the old pleasures. At any time when life is difficult he may be tempted to seek satisfaction through this earlier type of pleasure. On the other hand, fixation may result from the exactly opposite condition. A child whose needs are never satisfied at one stage, tends to exaggerate the importance of those satisfactions, and gives them up only partially and grudgingly. At any later time he may then revert to the earlier period, not to recapture old pleasures as does the indulged child, but because of a persistent longing to experience them at long last.

Undoing is an interesting mechanism in which the individual performs acts of expiation for actual or imaginary transgressions or acts directed to prevent such transgressions. "Tapping on wood" and other simple rituals exemplify this mechanism in the normal individual; compulsive neurosis is the example, par excellence, of its pathological exaggeration.

Sublimation is that mechanism whereby energy, normally serving a specific biological goal, is directed to a more socially accepted and "sublime" goal. The present war offers innumerable incidents of simple sublimations. The social goal of the destruction of our national enemy takes the place of the biological goal of killing the personal enemy for self-preservation. Many creative and cultural activities are the result of man's capacity for sublimation. Hence, this,

more than any other psychic mechanism, aids in the maintenance of civilized living and is one mark of man's separation from the lower animals.

The evidence secured during the analysis of many persons and the observation of changes which occur in character during treatment have shown the part which these psychic mechanisms play in determining behavior and attitudes. Some of the mechanisms overlap and are similar in part, as was pointed out for conversion and displacement. The classification, therefore, is not yet as accurately differentiating as one may wish but continued "microscopic" investigations should be expected to further clarify our knowledge. In time also, theoretical studies may go far enough to explain the specific dynamic conditions within the nervous system which make it possible for environmental experiences to influence the development of one or another mode of behavior. We know in many instances what experiences will cause what methods of expression, but as yet not the neurological process involved in their formation.

Most of the psychic mechanisms can be seen in everyone. It is the variation in strength of the different ones in the total integration which accounts for the great differences in personality. Also, our knowledge of development teaches us that the pattern of any personality may change from time to time. Frequently a mother will tell of an abrupt change in her child's behavior at some time or other.

For instance, an eight year old boy came for treatment of a fear of being attacked which was so severe that he refused to go unattended on the street. As a small child, he had been impulsively aggressive toward his mother, hitting, kicking and biting her. At about four he became obedient at home but cruel to little girls in his play. Soon after starting to school he was well behaved in all his social relationships, but, in place of the roisterous boy, he became shy and quiet and preferred to play only non-competitive, unaggressive games. By seven, his fear of being attacked began and it became increasingly so strong that he avoided everyone. Chronologically viewed, one may see in this case the rise of various mechanisms which developed in an attempt to solve an early conflict; that between love and hate of his mother. He had to depend upon her love to serve the needs of his immaturity, but her severe disciplinary methods had produced hate. His first solution was direct expression of his hostility. Then pain from punishment, and fear of loss of his mother's care led him to seek another way of discharge of his hate. He *substituted* the little girls for his mother. Satisfaction was however short-lived for again came punishment and, as well, the loss of playmates. *Repression* of the hate then was attempted and he became externally a conforming if repressed boy. But again, the solution was threatened by the pressure toward expression of the repressed hate, and a new mechanism came into being, *projection*. He projected his hate upon other persons and attempted to believe the fiction: "Not I hate and wish to hurt but others hate and wish to hurt me." Fear of being hurt would thus come as a natural consequence.

Psychic symptoms develop as a result of personality formation which is inadequate for the solution of the conflicts of a specific individual and the symptom is a compromise just as is the defense mechanism. The following discussion of symptoms in no way can be considered as an exhaustive study of all the problems which one meets in dealing with children, but an attempt will be made to name the more common ones and to analyze the main causative factors involved. A dynamic classification of disorders based upon the causative mechanisms would be more scientific than one based upon the presenting symptom. However, for practical purposes I shall follow the latter course. Such a classification makes it somewhat easier to understand a disorder in relation to the total personality. This is important for a symptom does not occur in isolation, but always in combination with other symptoms and as part of a distortion of the whole personality. One must be careful to bear in mind that any one symptom classified in the outline will represent the major symptom in a disorder, not a description of the whole disorder.

I. *Disturbances in which anxiety is present in consciousness*

1. Chronic anxiety states
2. Nocturnal anxiety (fear of the dark, night terrors, etc.)
3. Phobias.
4. Compulsion neuroses.
5. Depressions.

II. *Disturbances in behavior.*

1. Aggressive reactions.
 - a. Cruelty (retaliative, provocative).
 - b. Destructiveness.
 - c. Stealing.
 - d. Food refusal.
2. Inhibited reactions
 - a. Socially withdrawn.
 1. Shyness
 2. Fantasy—lying
 - b. Learning inhibition.
3. Sexual excesses.
4. Body habits.
 - a. Thumbsucking, nail biting.
 - b. Nose boring.
 - c. Picking
5. Enuresis.
 - a. Diurnal.
 - b. Nocturnal.
6. Soiling.

III. *Disturbances in body function.*

1. Skeletal muscular involvement
 - a. Tics.
 - b. Stammering.
 - c. Paralyzes
2. Organ involvement.
 - a. Anorexia.
 - b. Vomiting.
 - c. Bulimia
 - d. Constipation—diarrhea.
 - e. Palpitation.

Chronic anxiety shows in a child's general fearfulness. He is afraid to go out, to come in, to leave his parents' side, to play with unfamiliar toys, and so on. It occurs when the tension due to conflict has not been relieved by the development of a defense against it, and is thus not a prolonged state, but is soon relieved by some more satisfactory symptom formation. It is precipitated by some traumatic occurrence with which the individual's ego is not yet adequate to deal.

Five year old Sally developed a chronic anxiety when her mother left her suddenly to go on a trip. At parting, the mother said, "If you are a good little girl and don't hurt brother while I am gone I shall come back to you." The child became afraid of her aggressive impulses that might in some way hurt her baby brother, and thus keep her mother from returning. This fear possessed all the bodily manifestations of natural fear in a dangerous situation; palpitation, pallor, tremor, starts at sudden sounds, sleeplessness and so on. Her ego, however, in a few days solved the problem by repressing aggressive impulses and expressing them in a conversion form of symptom. She became very sweet and conforming but kept her hands constantly gripped into fists, so that she had to be fed, dressed and generally waited upon. The aggressive energy was discharged through the muscular contraction of her hands, and was no longer free to cause difficulty with her brother. Her fear of loss of her mother was thus resolved and instead she possessed another symptom which caused less pain than the anxiety.

It might be pertinent at this point to say a word concerning the fixation of a symptom. One might expect a symptom to leave when the circumstances precipitating it change, but this does not occur. The symptom usually persists until treated or until other events change the configuration of the ego. There are probably several factors responsible for this. One may be neurological and the symptom may be similar to a conditioned reflex. But one factor which is of particular importance is that of secondary gain. Even though a symptom entails some loss of pleasure, still it creates other pleasures for which it may be maintained. In the case of Sally, such regressive pleasures as being fed and dressed aided in the persistence of the symptom.

Nocturnal anxiety indicates that the conflicts are handled during the day time activities but that, as these cease, the unresolved fear enters consciousness. This may be because the conflict originally arose at night time, or because fantasies which stimulate the conflict have freer access to consciousness, or because the conflict is relived in dreams from which the child awakens terrified and temporarily stripped of the defense of the conscious ego.

The night terrors of six year old Paul offer a good example. Every night at 11 or 12 o'clock he awoke screaming and trembling from a nightmare in which he saw shadows moving on a wall. Gradually a gigantic man's figure separated from the shadows and approached his bed. Just as the figure was about to grab him Paul awoke in terror. During the day he was an active, happy boy but excessively domineering of his companions. During treatment Paul disclosed an excessive rivalry toward his father for his mother. He wished to control and dominate his parent as he did his companions, and to possess his mother exclusively. He also disclosed a fear that his father would attack and kill him if he really took his mother for himself. The correlation of this fear with the recurrent nightmare became clear when it was found that he had slept in the parents' bedroom until he was five, and frequently awoke and cried for attention late in the night when the parents had been having sexual intercourse.

In the development of Paul's symptom we see several steps. The natural love of the mother and hostile rivalry for the father was intensified by witnessing the nightly intimacies. He interpreted the sex act as an attack upon his mother. This made his father a symbol of cruelty and one who could punish him severely for his own hostile wishes. The dream becomes clear. It fused the nocturnal scene with the fear of punishment in which the moving figures represented the parents and the giant was the father who attempted to consummate the punishment. During the day, he solved his conflict by identification with his father, the dominant master, but at night the mechanism was weakened during sleep and the anxiety broke through.

In a *phobia*, the fear is present but is restricted to certain situations and to an object which is usually a substitute for the original one. A classical phobia is that of little Hans* analyzed by Freud. The child's fear of his father's retaliation for his hostility was resolved by substituting a horse for the father. The symptom was then a horse phobia. In this situation, Hans could avoid his fear by avoiding horses, and his relation with his father became comfortable.

The *compulsive symptom* develops in an individual whose superego is severe and demands undue protection against the denied impulse. The ritual developed by the patient serves to *undo* any harm the presence of the wish may cause as well as to prevent the expression of the wish.

Ten year old Ann came to treatment with a compulsive bedtime ritual which took several hours every evening. She looked throughout the whole house, in

* See 10th Reference, page 192.

every nook and cranny, to assure herself that there was no man in the house to take her away and maltreat her. Finally in bed, she slept with her head under the covers and after promising God that she would be a good girl. Other anxiety symptoms were present also. She was fearful of various misbehaviors; that she might be late to school; that she might fail in her lessons; that she might be accused of stealing (she was meticulously honest). She feared that her mother might leave her or be killed. In this case, the attempt to solve the fear by excessive good behavior and by *undoing* devices is obvious, but interesting also is the fact that the symptom could not solve the conflict sufficiently to allay all the anxiety. In such a situation the patient multiplies symptoms and becomes increasingly more restricted unless adequate treatment is instituted.

Ann's illness started at about nine with a phobia; a fear of being attacked by some man. The conflict unearthed was seen to be between her sexual masturbatory wishes and a very severe denying superego. She had ceased masturbation in infancy, following severe punishment from her mother; but she had been tempted again at nine by her older brother, who came to her room after she was in bed and made advances to her. The pleasure of these experiences produced the wish to repeat them and the sexual wish was denied by the superego. The phobia was the first attempt to avoid the temptation. But it was so strong that keeping away from the tempting men could not reassure her, she must undo the wish itself by nightly searching for a possible tempter.

Depressions occur rarely in children, but when they appear they have the same psychodynamics as those of adults. The hostility is *introverted* and used to punish the self. *The feeling of inferiority* is often similar in its mechanisms and may be severe enough to handicap a child's performance.

A twelve year old girl, rivalrous of her more beautiful sister, constantly depreciated her own looks, although she was very pretty. She refused invitations with the excuse that she was not really wanted and dressed herself and her hair most unbecomingly. At the base of this self-castigation was found a deep hostility toward the sister whom her superego demanded that she love. As in a depression, she solved the conflict by hating herself instead of her sister.

Aggressive symptoms are the most common behavior disorders which come to the psychiatrist because they cause more trouble for other persons than do other difficulties. *Cruelty* and *destructiveness* occur normally in the small child as direct expressions of the aggressive drives. Such behavior may occur also in older "impulse ridden children." These are children who have never had any training sufficient to develop superego and ego elements; or whose training was so inconsistent that no standards were presented to them, or whose constitutional developmental capacity was too small. Their characters remain infantile and conflict is not internal but is between the child and his environment. Such persons are untrained, not neurotic. Cruelty and destructiveness may, however, be neurotic symptoms. They appear as the consequences of a *projection* of hostility which is the paranoid mechanism.

Seven year old Tommy attacked all larger boys, and complained each time that he fought only for protection against the boy who hated him and was about to attack. His own conscious feeling appeared to be honestly friendly but frightened. He had projected the hostility which had grown against his own cruel father onto all larger males. Since he could then fantasy them as hostile toward him, he felt free to attack in retaliation.

The discussion of the causes of *stealing* belongs in the chapter on delinquency but there is an important neurotic cause which should be mentioned here. Stealing may develop as a symptom in some children who have been deprived of the affection of a mother when they were still in the dependent period. Such deprivation may have resulted from the illness of a mother, her rejection of the child, the birth of a sibling, and so forth. The child steals objects as a *substitution* for the affection which is denied it. Such stealing may become compulsive and is then kleptomaniac. Mary at seven years had become an adroit thief. She stole money from her mother's purse and bought candy which she consumed in secret after going to bed. In the home there was always plenty of candy which Mary was allowed to eat. Therefore one could be assured that the theft did not occur to satisfy a candy hunger as such. Mary was the first child of a mother who had longed for and fantasied a son. When Mary arrived she was so disappointed that she refused to care for the baby and cried every time she looked at it. Finally, after several months she was partially reconciled to Mary by the revival of the hope that she would have a son. When the little girl was fourteen months old a son was born and the mother lavished all her affection upon this son, leaving Mary to a series of nurses. Upon analysis, it was found that Mary's compulsion to steal came upon her whenever she saw affection between a mother and child. The stolen money then substituted for the love for which she longed, and for which she dared not ask.

Food refusal is the most common symptom of the feeding difficulties and it may be so severe that it produces actual malnutrition. In most instances it starts as a simple device which the child uses to protect himself from being overfed. The mother's fear that the child will be undernourished leads her then to force food upon him when he has had enough. The discomfort of being stuffed, and the pain of being forced then become associated in the child's mind with eating itself. To avoid this pain and its associated anxiety the wish to eat is *denied* and food is refused even in the presence of hunger. Later, active refusal with spitting and vomiting may develop as retaliative, protective measures.

In the *inhibited* reactions, the *repression* is fairly successful, and *denial* is the most common mechanism. The true wish is denied but in most instances a substitute satisfaction is enjoyed for the shy, withdrawn child frequently indulges in the most elaborate fantasies in play or daydreams. This is such a common occurrence that no elaboration of the phenomenon is needed here. However, a word concerning learning inhibitions may be pertinent.

In most learning difficulties which result from neurosis rather than from mental deficiency, an analysis of the case discloses that the child has invested learning with the meaning and pleasure of some tabooed act. The superego's disapproval of the original act is then expanded to include learning which should have been an acceptable sublimation. Frequently, in the analysis of reading problems one uncovers the following process. Looking is prohibited by the superego because at some time during development peeping pleasure was experienced but punished. The looking and the pleasure of learning which reading entails is thus prohibited along with other pleasurable seeing. Six year old Jane could not learn to read in the first grade in spite of an I. Q. of 122. Various corrective reading methods had been tried with only partial success. Psychotherapy wrought a phenomenal change in a short time, for her defenses were not of long duration. The conflict responsible for the development of the *denial* defense centered around her wish to peep at boys' genitals. Her first view had been of her father when she was four. She had been frightened by the sight and painfully punished for surprising her father undressed. She developed a compulsive wish to peep again. She repeatedly seduced her boy playmates to exhibit themselves to her, but when she was caught she was severely punished and threatened. Once her mother told her that if she persisted in this atrocious behavior she would be sent away. The peeping stopped, but any looking directed toward learning ceased, too. Lifting the prohibition and offering sexual knowledge freely changed the symptom into its opposite, an insatiable curiosity for knowledge. Certain inhibited children use *learning* as a *sublimation* for all of their prohibited impulsive wishes. Unsatisfied curiosity of all kinds, but especially concerning sexual matters, is transformed into curiosity about words or numbers or events. Body pleasures, such as those connected with the genitals, the skin or the mouth, are *displaced* onto the mental pleasures. Learning becomes erotized, as this process has been named, and the child's interests and pleasures become restricted to this one outlet. All well adjusted adults use learning as a sublimated expression of some of the id energy but, in excess, it incapacitates the individual for living in a real society.

Sexual excesses are seen most commonly as excessive masturbation and sex play with other children involving mutual masturbation, peeping and exhibitionism, fellatio and sodomy. Masturbation is a normal phenomenon when it occurs occasionally and when there is no compulsion toward the activity. The sense organs which afford adult sexual pleasure are present at birth but are not as sensitive as they will be with maturity. The genitals are stimulated very early when the mother cares for the baby. She handles them in washing and diapering; air cools them as the diapers are removed or urine warms them during excretion. The child's hands then move reflexly toward the genitals to prolong the pleasures. If, however, the child's ordinary experiences are

generally pleasurable and he is not unhappy, masturbation will be very infrequent and inconsequential

Masturbation may become excessive and take precedence over other pleasures and activities, however, if he is very unhappy, fearful and unsatisfied in other basic needs. Sometimes a hungry child will *substitute* masturbation for pleasurable sucking, if sucking is denied. A bored child with no toys nor human attention may substitute masturbation for other active muscular pleasures. One of the most common causes of persistent masturbation in a child beyond infancy is fear of injury. He handles himself constantly to reassure himself that he is intact, and because of rubbing the genitals gives sensory pleasure. This aids in allaying the anxiety, at least during the act. The symptom is initiated in an attempt at *denial* of a castration fear and persists because of the secondary gain of sensory enjoyment. Six year old Freddy disturbed his teacher and mother by constant masturbation. In spite of punishment, threats and rewards he persisted in rubbing his genitals with his hand in his pocket. It interfered with all other activities in which he would normally use his hand and offended the morals of the adults. Analysis of the child disclosed an intense fear of castration injury, which began at about three when a nurse slapped his hand as he handled himself casually during undressing. She angrily told him she would cut off his organ with a pair of scissors if she caught him at it again. For a while he was able to inhibit himself. But after seeing little girls uncovered in the toilets at nursery school he became assured that such an attack might occur and he began to touch himself for reassurance. As he grew somewhat older, the hostility in his rivalry towards his father for his mother developed deep guilt toward his parent. He no longer feared that the nurse alone would cut him but that his father also might desire to injure him as retaliation for his own hostile wish. Such a fear was augmented by the fact that the father was a severe and cruel disciplinarian. The need for reassurance thus became so great that no form of punishment or threat availed in inhibiting the act.

Peeping at other children or adults, like masturbation, is normal if not in excess. It is the result of various factors, the main one being natural curiosity concerning sexual differences, growth differences, and birth. If extreme enough to represent a symptom, too severe prohibition against curiosity may be responsible; or, more commonly, it also is caused by the fear of injury. Little girls, after seeing a male genital, may fantasize that they have been injured, either through accident or for punishment. They peep compulsively in response. *Exhibitionism* is the reverse in act but results from the same cause; curiosity and need of reassurance.

Sally, at five, was constantly pulling down her panties in play. She invited other children to "have a look" and urged the boys "to show me your thing." The symptom was first noticed soon after the birth of a baby brother upon whom all the interest of the household centered, and toward whom the mother

turned the affection and care which had previously belonged to Sally. The rivalry was obvious soon after the baby returned from the hospital and was vehemently expressed when a friend, to assuage any jealousy which might develop, presented her with a charming, life-sized baby doll Sally, after one look, said, "Take it away! We've got one baby here already we can't get rid of." A few weeks later Sally was watching her mother diaper the baby, and pointing to the penis said "What's that?" Irritably her mother answered, "Leave him alone!" At that moment, the baby urinated a stream into the air. This pleased the mother, who laughingly said, "Isn't he cute." Sally's interest in genitals grew out of this event, and her rivalry toward the brother who had stolen her mother's love centered into a desire for a penis with which to win back the mother.

Sodomy and *fellatio* are perversions seen only rarely in children. A child may indulge occasionally because he has been seduced by an adult or another child. If, however, the act can be substituted for other needs unsatisfied by prohibition, it may persist and present a problem. *Fellatio* may fuse denied sexual pleasures with oral pleasures. The child whose development is fixed, at least partially, at the oral stage will often gain intense pleasure through the activity. He substitutes it then for the sucking pleasures of infancy for which he still longs and which he combines with the genital sensations denied him by masturbation prohibitions. *Sodomy* is comparable to *fellatio* in its origin. Persistent indulgence follows seduction because it stimulates anal sensations which are still pleasurable for the character remaining fixated at this stage. Both perversions occur as regressive phenomena and presuppose infantile characters in which large remnants of the oral or the anal stages have remained.

Enuresis is a common disorder and several different causes may produce the symptom. Diurnal wetting, if not from an organic cause, may be one of the physical manifestations of severe anxiety and if so will occur in periods of intense fear. More commonly, however, it is an expression of hostility and, like diurnal soiling, is a substitution for another type of attack. It frequently serves its purpose well, for parents feel attacked and offended at wetting or soiling by a child beyond the age of two or three, when continence should be established. The hostility back of this symptom frequently grows from a wish for retaliation against a parent whose rigid demands for training have been too exacting and too thwarting to the natural expressions of instinctive pleasure. Sometimes a history will reveal that very early training led to a period of continence before the symptom developed, then incontinence follows some trauma, frequently the birth of a sibling.

Johnny was trained for complete cleanliness by nine months and, although a somewhat fearful and withdrawn baby, was very well behaved until two years of age. At this time the mother became pregnant and was very ill, and Johnny was cared for by a nurse who was quite punitive and rough in her handling. He began to soil and wet again, like a baby, and after his sister

was born he added thumb sucking and refusal to speak to his symptom picture. It was interesting to see the disorder roll away following changes in the home, which decreased the child's need for hostility and increased his pleasure experiences. The nurse was discharged and his mother returned to caring for Johnny, leaving the sister in the hands of her new nurse. He demanded to be cuddled and fed like an infant at first but, gradually, when he began to talk again, he bragged of his independence and his toilet regularity.

Nocturnal enuresis indicates a greater degree of disturbance than does diurnal, and results from an unconscious conflict more deeply integrated into the character. In most instances, it is a *conversion* symptom in which there is a change of organ for instinct expression from the genital to the urethra. Upon analysis of such cases one finds a complete repression of masturbatory wishes, yet sexual dreams occur and sometimes precede the wetting. Masturbation is repressed because of an intense castration or injury fear, frequently associated with a sadistic concept of intercourse. This idea that sexuality is destructive is extended to include masturbation.

Carl, who began wetting the bed at three after having been clean for over a year, demonstrated this conflict in detail during his treatment, which started at seven years. He was a passive feminine boy who explained his avoidance of normal physical competitive play in terms of a fear that he would be injured. He expressed a frank fear of masturbation. If he touched himself something dreadful might happen, "Maybe my penis would just waste away," as he expressed it. This particular avoidance was exaggerated to the extent that he had learned to stand over the toilet in such a way that he could urinate without the use of his hands. He was convinced that he would never marry, for it was too dangerous. One day, however, he confessed a fantasy he had created several years earlier. He would marry if need be, but he would not have sexual relations to have a child. Rather he would go into a room, pour his semen into a glass and leave it on the table. After he left the house his wife would enter the room and inseminate herself. In this way, he believed, neither pain nor injury could occur. Several experiences operated as causative factors in this child's difficulties. He was the son of a very ambitious and dominating mother. She depreciated and criticized the father constantly, but, at the same time, was perfectionistic in her demands for good behavior of her son. She punished him frequently for infringements and whipped him cruelly on the only occasion in which she had found him masturbating. The enuresis started following this experience which also coincided with a scene of parental quarrelling. Following an argument with his wife the father attempted to make peace with a kiss. In response, however, the mother slapped him. The child remembered this event and offered it as evidence of the cruelty of women if one caresses them. Treatment directed toward the relief of the conflict cleared the symptom at the same time that it cleared the personality difficulty.

Body habits, such as thumbsucking, nail biting, nose boring, or picking scabs and pimples need little analysis to be recognized easily as *substitutions* for denied pleasures. The satisfied look on the child while he is indulging is very revealing and the frequent statement, "But, I like it!", is corroborating. In some of these, such as nail biting and picking, pain is a concomitant of the frank pleasure; but this may itself afford masochistic enjoyment. In these cases, the pain is pleasurable because it allows hostile aggressive expression but, because of the superego restrictions, the aggression is *introverted* and uses the self as an object for expression. Once established as pleasure outlets, these habits are very tenacious. This is evidenced by the difficulty which a child experiences in attempting to give them up in favor of other more mature pleasures.

Disturbances in body function are much more commonly found in adult neuroses than in those of children, except for the muscular disorders. Of these, *tics* are the most common and many normal children exhibit the symptom for a short time in the prelatency and early latency stages. The tic may involve almost any muscle group, it may be a movement of a large part of the body, as in body twisting, or it may be limited to a few muscles, as in a grimace. The individual dynamic mechanisms of each of the various tics have not yet been accurately worked out, but certain character traits, all "ticquers" hold in common. These traits indicate a basic conflict which is discharged in the spasmodic movement, but with secondary factors responsible for the choice of the particular muscle group. "Ticquers" are all inhibited individuals in whom the superego's attempt at repression is successful in relation to general social behavior but is not able to prevent the impulses from breaking through in these substitute muscular activities. They disclose a large amount of repressed hostile aggression, although the surface personality is often gentle. Such persons when aroused often explode with severe tempers, and it is interesting and significant that the tic never occurs during a burst of temper. The symptom seems to be a *substitution* of the activity of an isolated group of muscles for the integrated activity of the attacking body. The majority of tics are multiple, that is, a child may indulge in "eye blinking," "head twisting" and perhaps "cuff shooting" and all may occur together or each alone. But upon analysis it is always found that each tic is invested with specific meaning different from the meaning in the others.

Harry at eight had two tics. He "shot his cuffs;" that is, pushed his right arm forward and at the same time rubbed the inner surface of the forearm along the side of his body. He also "hitched his pants" from the waist, much as is done in the sailor's horn pipe. The two movements did not always occur together but frequently the latter followed the first. The pants hitching was a result of the mechanism of *turning into opposites*. Each time he hitched he defended himself against a compulsive wish to expose himself. The cuff shooting was caused by a less complicated mechanism. It was a *substitute* hostile

attack—the initial move one might make for a "punch in the stomach" of his enemy, as Harry at one time expressed it. When the two tics occurred together he was almost repeating in symbolic form the traumatic events which precipitated the symptoms. His father, a rather prudish and also punitive man, once caught the boy with a little girl when they were undressed and viewing each other. He scolded them severely and sent the girl home. Harry, in anger, hit his father with his fist. The enraged father whipped the child and promised a repetition if he ever again caught the child in such a situation. With the tics he protected himself against exposure by hitching up his pants, but at the same time he made an abortive attack upon the person who prohibited the exhibition.

Stammering is obviously associated very closely with the tics. It involves spasms of muscle groups—those serving speech. Much has been written concerning the dynamics of stammering but more investigation is certainly necessary before the whole picture is understood. Many psychologists claim an organic basis for it. However, if this is so, there is also a neurotic component which places it in the general classification of the tics for the basic character pattern of stammerers is similar to that found in "ticquers."

Of the symptoms outlined under *Organ involvement* only vomiting will be discussed here—for, although the organ symptoms do occur in children's disorders, they usually represent minor components of the total difficulty. Also, the whole field of psychosomatic medicine is still fairly virgin and in only a few of the disorders can we differentiate psychic and somatic causes or explain them dynamically. Vomiting, however, occurs frequently as the major disturbance in a feeding difficulty. It is often associated with lack of appetite. The mechanisms are *denial* and *turning into opposites* and they defend the child against the impulsive pleasures of eating. Food is refused or thrown out instead of being taken in. Such a defense may originate in infancy from the distress of overfeeding, and in the history of most vomiters one will unearth a food problem in earlier childhood. The symptom may be intensified, however, when eating is conceived as a hostile expression, when chewing is thought of as an attack. It is common knowledge that many small children bite when enraged. If such hostile wishes are prohibited by the superego, vomiting may be the defense chosen to solve the conflict.

Sue, when she was about eleven and just entering adolescence, began to vomit and to lose her appetite. This might occur at almost any time but it always appeared just before going to a party at which boys would be present. She had always been a poor eater and had many food fads. Food had been forced down her when she was an infant by a mother made apprehensive by a pediatrician's admonition that the child must eat or she would die. At this time, Sue would hold her teeth tightly clenched, and if by ruse the mother finally got some food into her mouth she would often spit it out or vomit. As she grew older, she bit anyone who angered or thwarted her. As this symp-

tom ceased she became gradually rather withdrawn and shy and she bit her fingernails Vomiting did not recur until the onset of adolescence During the process of treatment a very sadistic concept of biting was unearthed. She feared being bitten by animals, and occasionally fantasied biting a person who enraged her Eventually she disclosed an oral fantasy of birth and intercourse, and a compulsive thought flashed through her mind when she thought of boys—that of biting the genital Vomiting could then be understood as a *denial* of such a wish as well as a restitution for it Regression to this oral phase came in adolescence because the increased strength of the drives threatened the superego. To solve the conflict, the ego denied the sadistic sexual wishes and regressed to the stage of greatest fixation, the oral stage

CONCLUSION

In this brief and schematic description of the pathology of psychic symptoms in childhood an exhaustive discussion of all of the disorders and of all of the basic pathological structures would, of course, be impossible. It is hoped, however, that there is sufficient information for understanding the theoretical basis of the dynamics of symptom formation. This dynamic concept of psychopathology, as has been mentioned before, is empirical in that we do not know the neural mechanisms which bring the dynamic mechanisms into being It is still, however, valid on the basis of the consistency of diagnostic accuracy and the test of therapeutic results As a basis for treatment it is valuable in that it offers that understanding of disease by which one may direct efforts toward the correction of the cause rather than toward the alleviation of the symptom. Equally is it of value for preventive psychiatry, since upon it can be based sound rules for child training

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PSYCHO-THERAPY IN CHILD GUIDANCE

By

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THE AIMS AND MOTIVES OF PSYCHOTHERAPY

MAN is both a biological and a cultural determined creature. He not only exhibits the drives and instincts implicit in growth, nutrition and generation, but also the exclusively human processes called Mind—consciousness of objects and of self (the ego), intelligence and will. It is with this psychosomatic unit that the psychotherapist deals. He must ask and answer the question, "Who is this human being?" With Adolf Meyer, he may ask himself, "What of this experiment of nature?"

The psychotherapist must be aware of the fiction, "that all men are really equal", but he must also not espouse another fiction "that all the troublesome differences between individuals have arisen entirely through environmental influences". Put in other words, the psychotherapist must concern himself with the problem of the constitution of his patient as well as with his later development in a definite *milieu*. A disorder is a breakdown in balance, and hence the relation between the internal and the external factors must be considered. It is true, of course, that in the last analysis a psychic disorder is always exogenous. Since life affords disorder only a negative predetermination, the actual and specific disorder must proceed from an external agent.

The psychotherapist is concerned with those disorders which are predominantly of psychic dynamic ideology quite regardless of whether they show primarily psychic or somatic symptomatology—with illness not as an accident but as a way of life. He deals with those disturbances which are emotional in origin, or which at least contain a large emotional factor. The means he uses are psychological, derived from psychological determinism. Psychotherapy is primarily concerned with affectivity. It is a method of treatment which aims to help the sick individual by influencing his emotional processes. It aims also at having the patient come to a better realization of his own evaluation of himself and of others as well as of his way of coping with the problems of life. Psychotherapy begins, then, with the therapeutic use of affectivity. The relationship, moreover, between the physician and the patient is a most important one. Here again the problem of affectivity enters. This relationship

has been variously described as *transference*, *rapport*, *sympathetic understanding*. In very mild emotional disorders this sympathetic understanding is all that is needed. In such cases one can not speak of a technique as such at all. The psychotherapist merely listens intelligently and with understanding; the patient merely knows he feels better and is relieved. The main aim of psychotherapy is the removal of the patient's suffering and that in the quickest and most direct manner possible. It is for that purpose that the patient comes, or, in the case of the child, the removal of his annoying symptoms is what influenced the parents in bringing him. What is wanted is direct and immediate aid for the annoying and sometimes incapacitating symptoms.

The psychotherapist, in general, does not aim primarily at the treatment of the symptoms but of the patient's life problems so that he may reorganize himself in order that normal growth and development may proceed. With the increase in the capacity for normal growth and development there comes an increase in the ability to be happy and contented and to relate himself in a more meaningful way. Consequently the patient's efficiency will be increased and that primarily through the release of inhibited capacities. The patient will be able to accept greater responsibilities. He no longer will be utilizing his energies in a fruitless struggle, but, on the other hand, will be able now to concentrate on the task of living harmoniously with himself and with others. Through psychotherapy the patient comes to an ever-increasing spontaneity by being freed from his crippling inhibitions, unconscious feelings of guilt, and need for punishment and thus permitted to express his true personality and to obtain satisfactions from life. He is aided, therefore, in adapting himself to his surroundings. As a result, too, his interpersonal relationships are improved for there is no longer the need neither for mistrust of others nor to seek affection where it cannot be obtained. The aim of psychotherapy, then, is the restoration to the normal level of the patient's psychic possibilities which have been dynamically disordered.

The psychotherapist must have a true appreciation of individual differences and of a respect for the person and his individuality. He must know his patient. He must be well versed in the science of man, he must know him biologically and culturally. The psychotherapist will never set a common goal of attainment for his patients—in fact, he will never set a goal at all. Rather he must find out in what direction the patient naturally goes and then help him so that he is free to develop in that direction. The psychotherapist must be a man not only of wide learning but he must have extensive training in psychotherapy. He must know himself. He should neither underestimate or overestimate himself. Certainly he should be free from all distressing feelings of insecurity and inadequacy. The patient comes to him for help and he comes because he expects strength in the psychotherapist. The psychotherapist, however, must have no belief that he is a god or a redeemer of mankind. He should be interested in people and be genuinely desirous of helping them.

There is no room for maudlin sentimentality. Kindness and sympathy, however, are essential traits.

Since psychotherapy deals with affectivity, good rapport is an absolute essential in working with the patient. The patient must trust the psychotherapist. He must find him intelligent in his sympathetic understanding. He must feel that the psychotherapist wishes to help him in order that he feel desirous and eager to cooperate. Since the patient will relive much of his life not only in the presence of the psychotherapist but will work out many of his conflicts and attitudes toward others with the psychotherapist it is necessary that the therapist have a trusting relationship with his patient in order that he may discuss these attitudes with the patient so that the patient may come to see just what his attitudes imply in terms of interpersonal relationships.

The psychotherapist deals with pathological disturbances, not with moral faults. He uses determinism, not liberty, as his psychological means. He, therefore, neither condemns nor censors, nor is he shocked at the patient's revelations. Only as the psychotherapist plays this role can he hope to have his patient trust him to the extent that he will play or talk freely and reveal his innermost self. The lonely, discouraged, insecure patient looks up to the therapist. Advantage, however, must never be taken of this in order to impress his individualistic views upon the patient. At all times the psychotherapist must accept the patient for what he is, a human being in distress, and to aid him to see himself as he really is, yet providing for him the sustaining environment in which he can truly face his problems and the milieu in which he must deal with them.

At many points in the therapeutic program the patient will show irrational attitudes toward, be suspicious of, and make excessive demands on, the therapist, yet if the relationship is a wholesome one the patient's attitude toward life and living will gradually change as he is freed of his inhibitions and his incapacitating affectively determined complexes. Gradually, as synthesis is restored through the restoration to the normal level of psychic possibilities which have been dynamically disordered, the patient begins to build up a more affectionate and self-respecting relationship, first to the psychotherapist and then later, as the transference is analyzed, to other individuals so that his better relationship carries over in his daily life.

Much of psychotherapy, to be sure, occurs unconsciously; much, however, in terms of attitudes at least, is brought to a greater or lesser degree into consciousness and the patient thus becomes increasingly aware as to the meaning of his symptoms. He acquires knowledge of his hidden motivations, of his repressed wishes, conflicts and defenses and how they have determined his behavior. He comes to appreciate the occasion of the arousal of anxiety, and of his feeling of guilt and the need for punishment and is more free to deal with the underlying causes. Finally he learns to accept himself as an individual in his own right whose previously hidden and bound energies for free growth

and development can now operate. In that sense he is a changed person. He has no further need for his symptoms, and his sense of loneliness and of isolation and difference and inadequacy tend to disappear. All of this results in an increase in spontaneity and in a release of fundamentally healthy patterns of goal seeking. Synthesis can now proceed, for the patient is once again free to integrate his emotional and intellectual activities into a harmonious unity, because he has come to see that his neurotic or problem behavior was an attempt to solve his problems by the use of behavior patterns which he should have given up for more mature ways of meeting his life situations. It is in this sense that one can speak of therapy as a process of reeducation.

FORMS OF PSYCHOTHERAPY

There are many different forms of psychological treatment. These may be divided into indirect and direct forms. In the indirect form the emphasis is put on influencing and changing the environment of the patient. Here the effort is made to remove the stimuli for the emotional disturbances and thus the problems with which the individual has to deal are modified. The therapy, therefore, is aimed on the one hand at modifying the environment completely on the assumption that the parents, the indispensable biological supports of the child, are incapable of being helped to meet the child's most important emotional needs, or, on the other hand, at modifying the present environment whenever there is a probability that that is possible and feasible. This may involve working with the parents alone in the expectation of modifying their reactions to the abnormally reacting child, or the providing of a new environment in part, to serve as a counter-environment so as to provide a stronger support to supplement that of the home.

In the direct form, the object of the therapy is aimed at modifying the child himself. Direct psychotherapy may be divided into synthetic or prospective therapy; that is, therapy directed toward the construction of the future, and into an analytical or reductive therapy; that is one aimed at the liquidation of the past in so far as it creates the present and determines its nature. While synthetic psychotherapy is, in great part, purely symptomatic, analytical therapy aims at destroying the obstacles to the establishment of a synthesis. In treating any given case it does not follow that any one of these approaches, direct or indirect, will be used exclusively. In fact, in many cases of childhood psychic disturbances a combination of approach will be employed. The therapy will be aimed at meeting the need of the individual or individuals concerned in order that a sound biological and cultural adaptation may be achieved.

Foster Home Placement. Modifying the environment completely through the removal of the patient from his present surroundings to other surroundings, such as a foster home or an institution, is an indirect method which has been more often used than any other method. Undoubtedly in the past it has been used somewhat recklessly. Foster home placement, from a therapeutic viewpoint

is best limited to those children who are completely rejected and whose most elemental psychic needs cannot be met in their own home. It is further limited in that only such children as are inherently capable of growth and development and whose present behavior is such that both foster home and community can be expected to deal with the child in a way calculated to meet his needs will profit from such an experience.

The age of the child is an important factor. The younger the child when placed the more hopeful the outcome. This is not only due to the fact that in the younger child the behavior patterns are not so deeply fixed, but also because the young child finds it relatively much easier to accept foster parents as his own than does an older child. The young child finds emotional satisfaction in his relationship with the emotionally mature foster parents. He comes to accept them as his own parents and thus again becomes emotionally secure. He is free therefore to make further gains in growth and development. The older child, on the other hand, rarely accepts foster parents as his own parents. Often, too, he already carries with him the profound effects of the emotional disturbances experienced in his own home. He finds it difficult, therefore, to regard these foster parents as his parents. Instead of the foster home becoming a biologically secure place it is but a boarding home. For the young child who accepts foster parents as his own and in them is emotionally secure and free to grow there is a complete change in environment. For the older child, on the other hand, there may be a changed social environment but not a changed family environment in that the child never forms any deep and lasting emotional ties to foster parents but persists in his earlier formed emotional relationships to his own parents.

The innately unstable child, the psychopath, rarely does well in a foster home placement. In general it may be said that children of poor hereditary background are not good risks for foster home placement. In such children the fixations are usually too strong to be modified by such an indirect attack as foster home placement. Experience shows too that the child with a strong emotional attachment to his own parents is rarely aided in his adjustment by foster home placement. Very frequently such a child's problems are increased through his defiance of the foster parents and his runaway behavior.

In choosing a foster home particular attention must be paid to the degree of emotional maturity of the foster parents. Their own needs must not conflict with the needs of the child. They must be so situated that the large social environment of the child is such also as will meet the needs of the child. This in particular relates to such social dynamic forces as the school facilities, types and ages of children in the home and in the locality, club opportunities, etc. In many cases direct therapy of the child together with frequent interviews with foster parents is indicated.

Institutional Placement: Since not all children will adjust in foster homes, there is room for institutional placement. For those children who have not

been able to solve their emotional conflicts in relation to the family, and where the parents are very much in the picture yet not sufficiently modifiable, thus continuing to keep the child upset, institutional placement is preferable to foster home placement. The child himself can take the emotional atmosphere of the institution easier than that of the foster home. In fact, many of those children who will run away from foster home will remain in an institution. Then, too, many parents who cannot accept foster home placement are accepting of institutional placement. They do not feel as threatened by the institutional personnel as they do by foster parents.

Probably one of the most important elements in an institutional regime is the attitude of the personnel to the problems that the child presents. Those institutions that are restrictive in discipline and where little effort is made to understand the child, are of little value in a psychotherapeutical approach. The institutional personnel must be a trained personnel. Each and every person who contacts the child in any way whatsoever must have a clear understanding of the nature of the child's problem. It is important, therefore, that the personnel be most carefully chosen and, if at all possible, have sufficient training and experience in psychological work to make them feel at home with "problem children". The better institutions will have psychiatric service available in order that the child's needs may be interpreted to the personnel, as well as to give such direct therapy as may be indicated in selected problems. The institution ought to be reserved for those psychically disturbed children, therefore, who cannot adjust in their own homes or in foster homes. A certain number of children when first seen are already in such a state of mental turmoil that it is essential for their own interests, as well as those of the community, that they be placed in a closed institution. In general, it may be said that the institution is a better placement than foster home for the older child rather than for the younger one.

In the institution caring for "problem children" which is best known to the writer, the child is admitted only after a careful review of his history. Therapeutic work, in most cases, has been attempted with the family and with the child in his own setting. Only such children are therefore accepted as have clearly failed of successful adjustment elsewhere. In this institution psychotherapy is for many children of the indirect type—only those whose problems are deep-seated are singled out for direct therapy. This does not mean that the psychiatrist may not see all of the children for several interviews. But, by and large, the treatment is in the hands of the skilled personnel which is made up of house parents, social workers and teachers. General discussion is held concerning each child shortly after admission and the situation is reviewed at frequent intervals. All members of the institutional personnel who have had contact with the child in any capacity whatsoever are present at and participate in these conferences, relating their experiences with the child and reporting on the progress of the treatment plan which is in-

dividualized for each child. Although this institution is primarily a treatment facility, yet such a planned program has been accepted to a considerable degree in other institutions accepting behavior problem children

Boarding schools also serve a useful purpose. Children particularly of adolescent age, whose basic personality make-up is quite sound, but who now find themselves in an emotional atmosphere that is causing them conflict, may be sent off to school in a totally different surrounding—one free of the emotional conflict of the home. Such children often get along without any further need of treatment. Children somewhat more disturbed may be sent to specialized schools where there is opportunity for psychiatric care and attention.

In general, it may be said that removing a child from his own home is a serious matter and one that should not be undertaken lightly. Only after it has been clearly shown that the parents cannot and will not accept help and/or that the child cannot be successfully dealt with in his own home, should the removal of the child be undertaken. Except in those cases where the child himself has insight sufficient to make it clear to him that he would be better off elsewhere than in his own home, removal is a traumatic experience. For the majority of children, therefore, separation from home and family is traumatic. It is always better if the parents can be brought to explain to the child why he is being placed and that because the parents are at the time unable to care for him without further damage to normal growth and development. The child must not feel he is being sent away as punishment. This only intensifies his anxiety and feelings of guilt and makes it extremely difficult for him to accept placement. The object of placement is psychotherapeutic, not punishment. Hence as psychotherapists we are not interested in the placement of children because of community demand. Our interest is in dealing with the child's emotional problems that are the cause of his behavior through an indirect approach, using relationship with others, either the deeper, more personal relationship with foster parent or through the more impersonal relationship of institutional personnel. Only such children should be placed where there is a reasonable hope that placement as a medium for therapy will be successful. The very dull child or the highly unstable child, whether that instability be due to extreme psychopathy or to organic impairment, does not as a rule succeed in either foster home or institutional placement.

In general the change of environment method without direct therapy is less effective than many of its advocates would lead one to expect. One reason is that the child placed for therapeutic purposes will sooner or later have to return to his old environment and unless he has learned to adapt himself more successfully to the old one he will have gained no lasting benefit. Time is essential to fix newly learned patterns and consequently thought must be given to the stability of the new patterns of behavior before return to the old environment is effected.

Changing Parental Attitudes Since modifying the environment completely is always a drastic measure, more attention should be paid to modifying parental attitudes in order that the child may remain in his own home. Various methods of changing parental attitudes have been described. The most simple is that of educating the parents in child care. There are many modern parents who have had little contact with children and who on the advice of authoritative persons, parent counselors or the family doctor, rely on some child-care book. Now, while many of these books have value in terms of generalities, they frequently fail in guiding correctly the individual child. Too little attention is paid in such books to individual differences. Then, too, many of them seemingly are written from the point of view of economy of the parent's time rather than from the viewpoint of the child's biological needs. In those cases, therefore, in which the parent is merely ignorant, educational advice will be of value. More often, however, the parental problem is more deep-seated and the parent will need help with his own feelings about the child.

In child guidance clinics where it is customary to divide the treatment between the psychiatric social worker and the psychiatrist, the latter dealing with the child and the former with the parent there has grown up the belief that it is wise to deal with the parent only insofar as the relationship to the child is involved. In cases of mildly anxious and unstable parents it is advisable to keep the therapy aimed at the area of child-parent relationship. However, it must not be overlooked that in many instances the neurotic involvement of the parents is such that this is not sufficient. Our own experience after many years has taught us that there are many failures as a result of this procedure. We have come more and more to the conviction that in many cases it is better to take the parent on for intensive psychotherapy and deal with the child in many instances on a simpler therapeutic level than that undertaken with the parent. We believe this to be particularly important in those cases where the child is very young and the parent quite neurotic. Under such conditions we believe that a therapy aimed at freeing the parent emotionally will be of much greater value for this child than to deal with the parent only in relationship to the child's problem. Skill undoubtedly is required in having the parent enter into a treatment relationship that is primarily aimed at him and not at the child whom he brought to the therapist for treatment. Our experience, however, has been such that we believe this readily possible and much more fruitful of results.

Modifying Present Environment: The school is an extension of the educative area of the parent. Many problems, however, first become acute on school entrance. In part this is due to the contrast in child rearing and in part to the child's variation from the school average in disposition, innate abilities, readiness for social cooperation, etc. A school program planned with due attention to the child's peculiar needs and administered by understanding teachers may prove sufficiently modifying yet supportive of the home environment to

enable growth and development to proceed at a normal level of psychic functioning.

Summer camps have a more limited scope of usefulness. A child who on the whole is not antisocial and whose conflicts within his own home are not too distressing can profit from a well run camp. Much depends on the counselors. The psychologically trained counselor with sympathetic understanding of the nature of the task assigned him can accomplish much through his relationship with the child. Since the time period is so short, however, unless the parents are carried along in a treatment program the results of a camp placement are often very short-lived. No sooner does the child return home where he again encounters the disturbed emotional family relationships than his old behavior is once again in evidence.

Clubs, settlement house activities, scout programs, all have value as supportive measures of the home environment. The opportunity which comes through play and activity for the release of feelings and the establishment of better interpersonal relationships when worked through with a sympathetic understanding leader is therapeutic.

Direct Therapy. Direct therapy varies both with the needs of the child and the age and intelligence of the child. There is, for example, little point in talking about advice as a therapeutic procedure with very young children. Advice, however, does have a place with the older child, although that place is extremely limited. The child who on the whole is free of serious emotional conflict will profit from advice given by someone whom he trusts and whose authority to give advice he respects. No matter how good the advice, however, in cases of considerable emotional involvement, it will have little therapeutic value. The more one knows about people in emotional distress, the more one is aware that the problem for which the patient comes is not of such a nature that good advice will be of any help. This is particularly true where the patient is asking to have some wish granted, about which he himself entertains scruples. All too frequently the inexperienced therapist will find that his advice was in no sense heeded even though for a normal individual it would have been good advice. In general, it can be said that one should maintain the greatest reserve in giving any direct advice or granting any direct requests of patients. It is far better for the patient to make his own decisions.

The giving of information is like good advice—of value only where there is no emotional block to its constructive use. Very frequently the therapist is asked to give sex information. In general it may be said that this is valueless in the majority of cases showing any deep-seated emotional involvement.

On a somewhat deeper level is the so-called technique of enlightenment. Here the information imparted is based at least on a somewhat clearer understanding of the emotional needs of the patient, and the information given is in terms of the emotional needs. Interpretation differs from the mere giving of information, or enlightenment, in that it is a systematic effort to uncover

the unconscious blocks in an individual. This then, it is plain, is something quite different. Encouragement and persuasion, or the attempt at making a person believe something, is directed immediately to the personality of the patient and is usually an appeal to his sense of logic and aims to educating him to realistic views. Now encouragement undoubtedly has its place. However, it can be used very detrimentally by the patient. He can be made to feel that there is really nothing the matter with him, that he should just pull himself together, and then be overcome by his inability to do so, and feel that the therapist does not understand him at all and believes him to be merely a weak-willed individual. Then, too, even though he may temporarily accept this appeal to reason and attempt to follow the logic of the situation, yet finding it impossible to be free from his disturbing and incapacitating symptoms he becomes the more discouraged, believing his situation to be a hopeless one. Unfortunately, reason plays a relatively small role in the control of man's conduct. Man is much less a reasonable creature than most people think, although he may be a more reasonable creature than some psychotherapists give him credit for being. However, it is well to bear in mind that there are no innate moral ideas and that the child has undergone training at the hands of his parents and educators, so that his judgment depends to a considerable degree on the habits inculcated by that training and education. Consequently, failures due primarily to emotional conflict are to be explained by factors of pure determinism and not at all on the basis of willful moral misdoing. Those therapists who so ardently believe in persuasion have often a very exalted opinion of their own powers and their own worth.

Interview Therapy. There is still often to be found the erroneous impression that psychotherapy through interview is solely a matter of question and answer technique. This is indeed a very limited concept. The object of the interview is to obtain historical information that will throw light on the origin of the behavior for which the patient comes for treatment. Considerable skill is demanded of the therapist. He must rapidly orient himself as to the cause of this person's symptoms and through his questions aim to bring the conversation around those areas of life which will reveal the cause. In general, it may be said that from six to ten interviews will be effective if this type of therapy is the proper one. This means that the disturbance cannot be too deep-seated or too involved. Very rapidly the patient is helped to express his underlying conflicts, to aerate them and to assimilate his new insight into them. Interpretations are very carefully given. The adolescent can frequently benefit from this type of therapy.

Psychoanalysis: We shall limit ourselves to a discussion of the psychotherapeutic aspects of psychoanalysis with children. Psychoanalysis is primarily a reductive technique. The aim of psychoanalysis is the liquidation of the past, the resolving of morbid habits by reducing them to the memory of the events from which they sprang. Analysis effects its cure by extending the field of

conscious control. Analysis opposes all attempts at construction, whether by suggestion or persuasion or re-education. As we have said before, the fundamental therapeutic principle of analysis is the disintegration of habit by mnemonic recollection. Psychoanalysis has always given a privileged place to the acquired psychic factors, particularly those of childhood. The psychoanalyst, therefore, pays primary attention to the effect of childhood education and emotional shocks. Here, as elsewhere, in psychotherapy there is not complete accord amongst its exponents. Two schools of thought are outstanding. They are those of Anna Freud and Melanie Klein. Anna Freud devotes much time and attention to the problem of securing the cooperation of the child. She takes very much into account the fact that it is not the child's decision to be analyzed. In fact, that the child often does not suffer from what appears to worry and cause concern to the parents. Since the child, therefore, does not come of his own accord seeking help, she spends a good deal of time developing her relationship to the child. She makes herself useful to him, plays such games as he wishes to play, aids him with his home work, helps him to avoid punishment. Only after she believes that there is a strong positive transference does the analysis as such begin. Anna Freud appreciates the continuing relationship a child has with its parents and sees in it one of the difficulties to be encountered in the process of the analysis. A transference neurosis as such does not develop. She believes that this is because the parents are still active in the foreground. They are real objects—not fantasy objects which can be transferred to the person of the analyst. Because the parents are so much in the foreground, she lays great stress on the importance of cooperating with the parents. She holds that those parents who have been analyzed are easier to deal with because they understand the analytic process, but even with them difficulties may arise. In general, mothers must be relied on to have the child come punctually and not to miss a session for no adequate reason. The mother who cannot stand having her child taken away from her, as it were, by the analyst, may make derogatory remarks about analysis in general, or the child's analyst in particular, and that in the presence of the child. Very often, too, the mother expects results in a relatively short time and ceases bringing the child when she sees no great improvement in the earlier sessions. Later on in the course of the analysis she may object to the child's new use of his freedom and the expression of his aggressive trends. At times the analysis may be interrupted at this point because the mother wishes to believe that the child is being made worse because of the analysis. In other instances it may be the mother's attitude toward sex that will block the analyst in his dealing with this problem in the child. Many mothers resent having their private life, as it were, brought into the analysis. In general, it may be said that it is difficult to leave the parents out of the analysis although some analysts prefer not to see the parents at all nor have them report on the child. Anna Freud, however, feels that she has much to

learn from the parents concerning the every-day activities of the child which will be useful in understanding him and interpreting these difficulties to him.

Play material is used freely, use is made also of dreams and day-dreams, With the older child free association is freely utilized. Interpretations are used sparingly. Education along with the analysis, however, is carried on. This, Anna Freud believes, is essential because the super ego of the child is not yet detached from the real outside objects upon which it is founded. She believes that it is necessary to educate the child as the analysis proceeds, because freed from the restraint of his repressions, he may become extremely difficult in his behavior.

Melanie Klein makes much more use of free play of children because she believes that it is the equivalent of the free association of adults and behind every playful action she sees a symbolic meaning. Interpretations are given almost at once and definitely along analytical lines. She believes that in this way she can relieve the unconscious anxieties of the child and thus bring him into a treatment relationship rapidly.

Psychoanalytic Variants. There have been many variants of the psychoanalytic method as practiced by the orthodox analyst. Some of these methods bear little resemblance to strict orthodoxy. Although undoubtedly the insights derived from psychoanalytic psychology are freely used in these approaches.

In recent years, however, there has been a growing tendency to appreciate that the patient's real problem is in the present, not in the past. The neurotic or problem behavior is an expression of the use of fixed patterns of reacting that all along have failed to solve the patient's present behavior conflicts. It is his present reality problems that the "problem child" or the neurotic parent will not face and hence cannot solve. It is because of this conflict that the patient comes into treatment. But it is also because of this fact that the patient's attention should be focussed upon his real problems in the present. The patient comes seeking help for his problems. The aim of therapy should be to give him such help through correcting the unsuccessful patterns of the past. The mere relieving of memories of the past is not enough. The patient must see the difference between the memories of the past and the present life situation.

A good history noting how the patient, through his training, dealt with previous life situations is essential to the therapist. He wants to know about the child's feeding behavior, the toilet training process, how and when he learned to walk and to talk, his reaction to entering school and the nature of his success or failure in school activity, his social behavior with other children, his behavior, physiological and psychological, at puberty, etc. The therapist wants to know how and why the neurosis came into being. He wants to know also what the patient's potentialities are for healthy development. The therapist not only must formulate a dynamic interpretation of the neurosis but must also develop a plan for treatment which will do justice to this patient's capacity and need. He can no more make a child over just to please the parents than

he can successfully deal with some parents so as to create an environment which will permit normal ego growth and development of the child

Then, too, a good historical knowledge of the origin of the neurosis and of the ego strength of the patient makes for more accurate interpretations both in kind and in degree. Interpretations must fit the facts of the present situation about which the patient is at the moment concerned. The value of the interpretation is precisely in the light the interpretation throws upon the motives for the neurotic reactions in the present. Mnemic recollection which is not related to the present is the cause of much disturbing behavior in the therapeutic situation. It is always well to keep in mind that the patient's real problems of present reality originated outside the therapeutic situation and that the patient must come to grips with those problems rather than to become involved in a transference neurosis

Play Therapy. Play as a medium of therapy has received an increasing amount of consideration in recent years. Play is the favored medium of a child's self expression. Imaginative play is the most uninhibited presentation of the child's characteristic thought processes and adjustments. Many different kinds of materials are being used, chief amongst them, dolls and similar small toys representing humans and animals, plasticine, modeling wax, finger paints, drawings, making of puppets, etc. There is, of course, no such thing as play therapy—the play is used as the medium of therapy, that is, the playing must mean something to the child, and it must be understood and handled by the psychotherapist.

Some therapists have set up control play situations, using set patterns of toys such as dolls, to bring out special difficulties which had been previously ascertained through the history of the case. A family of dolls may be the medium through which the child plays out his sibling rivalries and feeling of jealousy and of rejection. Other therapists use what might be called an active approach. Others are more passive. Some combine the playing out with explanations and interpretations, others make practically no attempt at explanation or interpretation.

Group Therapy. This approach at the present time, as is true of many other approaches, is in an experimental stage. It undoubtedly serves a purpose in that it tends to remove feelings of uniqueness and isolation and thus aims at restoring community feeling. At the present time there are many different procedures. Some therapists see the individual for a certain number of interviews before he is permitted to join the group. In that way the therapist can form groups according to some preconceived plan. Other therapists use what might be called an open approach, having the patient discuss his problems openly. The psychodrama is a form of group therapy, so also is the writing of plays which later are discussed by the group as well as puppetry, both puppet plays for children and by children.

Education of the free will or methods that strengthen the free will, in our opinion, form no part of psychotherapy. As we have previously stated, psychotherapy uses determinism, not liberty, as its psychological means. The education of the will is, therefore, the concern of the moralist, not of the psychotherapist. It is the function of psychotherapy to restore the individual to health, not to make him moral. The failure to grasp this distinction has led to endless discussion and often to unjust criticism as to psychotherapeutic efforts. The psychotherapist aims at achieving a partial and relative human good, namely, health, while the moralist aims at achieving man's whole and supreme good. Psychotherapy does not aim to solve the entire problem of human conduct. Psychotherapy aims at restoring a determinist's level of psychic synthesis. Even with children, their further education and training, once this determinist's level of psychic synthesis has been restored, is not the function of the psychotherapist but of the parents and educators. The individual is left free by the psychotherapist to make what use of his psychic capacities he will. The educator and the moralist now come to deal with him, but he is left free to choose what use he will make of his new-found capacities.

Psychotherapy and Medicine: The psychotherapist must also beware that he does not infringe upon the province of medicine proper. Many organic diseases exhibit an exclusively subjective symptomatology, particularly in the early stages. The psychotherapist can make a contribution here in determining what psychological states introduce an organic disorder and thus contribute greatly to further differentiation of those disorders which are predominately psychic from those which are predominately somatic in etiology. Because a disease at the moment shows neither clinical nor laboratory findings of organic cause does not entitle one to conclude that the subjective symptoms exhibited by the patient are strictly psychogenic and curable by psychotherapy. On the other hand, undoubtedly, the attempt is made to claim for medicine many cases which can be only beneficially treated by psychotherapy. This is particularly true of those disorders in which there is somatic dysfunction but of psychogenic origin. The psychotherapist, moreover, must at all times keep in mind the constitutional factor and not be discouraged and overwhelmed when his therapy is of little or no avail, or after intensive therapy there stands revealed the psychopath.

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SECOND SECTION:

THE METHODS OF GUIDANCE OF THE
PROBLEM AND SUBNORMAL CHILD

THE INDIVIDUAL MEDICAL GUIDANCE

By

EDWARD LISS

AT no time in the history of mankind, with the possible exception of the Golden Age in Greece and the Renaissance, has the concept of the individual as an entity been nearer to general acceptance than today. According to this concept, the individual as a whole is something more than the sum of his parts—he is a totality of "body-mind," an end result of the dynamic inter-relationship of many parts.

Yet the art of focussing upon the whole person has been so recently rediscovered that it needs continual emphasis. It needs, moreover, to be accompanied by the constant caution that knowledge forecasts function. We must never forget that mere verbalization of scientific attitudes has no inherent magic for arousing action. Knowledge is, unfortunately, potential rather than kinetic.

This human lag between awareness of knowledge and its utilization explains the interval between the development of any science and its application for the benefit of the social order. In particular it accounts for many of the present-day phenomena in the relationship between psychiatry and other aspects of therapy.

We all realize today, for example, that just as history is the sedimentation of the sciences, of the arts, of religion, and of the humanities in general, so too any man's life at any given stage represents the summation of all his previous biological and emotional experiences. We realize this intellectually, but we have yet to apply this knowledge routinely in our therapeutic approach to a specific human being's problems. And yet only through an evaluation of these multiple, complex, interrelated components can one get an individual to health. Sociology, anthropology, biochemistry, and physics have more than a mere theoretical interrelationship in the activities of man, for beyond these academic compartments is the vital essence of function. Thus it is important for the approach to any problem and particularly for intelligent guidance that the therapist must be sensitized to the awareness that all knowledge is both biologically and emotionally conditioned.

In spite of basic similarities each individual whom the therapist meets presents something different, something unique. Accordingly the controversies as to specific schools of approach, once they have lost their novelty, become

merely academic, for in the end each contribution has its particular area. The healthy end result of academic discussion is inherently a precipitation and organization of a certain amount of practical knowledge, and through the fusing of these sediments contemporary therapy becomes an instrument. Like human nature this seems paradoxical, for as experts or specialists our approach tends to be unilinear and our special quality sharply defined. But this delimitation unfortunately carries with it inflexibility, which can eventuate and often does in therapeutic scotoma, and at other times in an emphasis which hypertrophies the part to the detriment of the total organism.

Inasmuch as one is a specialist in the category of physician he is inevitably exposed to the pitfalls of special attitudes of bias and prejudice which are the end results of an individual's experience. Contrary to general opinion, however, some of these biases and prejudices can contribute constructively, provided the physician can overcome this natural byproduct of growth through a constant and exhaustive self-analysis. The question which the therapist must constantly put to himself is "How can I maintain an approach which has a general quality and not just a special purpose?" As physicians we were trained, until comparatively recently, to be sensitive to physio-dynamics. The realm of emotion—feeling—was the special area of the philosopher or the student of religion and ethics.

Specialization to a certain degree is intellectual self-preservation, for the vast spreading and growing contemporary knowledge makes it utterly impossible, except for the unusually gifted, to encompass all modern knowledge. One might say that specialization is a protective mechanism against our anxiety of falling short of omniscience and omnipotence. Because of these self-preservative factors, it is not easy for the habits of years of training to develop a natural exchange between the other specialties which must of necessity function in this therapeutic effort. Although intellectually our concept of the human being as a body-mind entity meets with little resistance, the unconscious implications of a breaking down of traditional attitudes often disclose a considerable hiatus between knowledge and practice.

This perpetual struggle within the therapist for the maintenance of his own ego accounts for the dangerous compartmentalization which still exists in the approach to the complicated factors which enter into a person suffering from dysfunction. The personality of the therapist needs as much evaluation as does that of his patients. The instruments which he utilizes are determined and qualified by his particular and peculiar sense of values, which values, like those of all human beings, are the sedimentation of his own past and his experiences in that past. This dynamic egoistic factor in therapy must be considered when one evaluates any individual therapeutic system and its results. The perpetual problem of the therapist is to guard against the tendency to canalize his activities. In order best to functionalize the therapist's contemporary knowledge, the vastness of the field must lead to the inclusion of other thera-

pists in the total approach. One of the fundamental evidences of growth through experience in modern psychiatry is the fusion of areas of activity which through intense specialization had until recently tended to become centrifugal rather than centripetal. Thus some form of pooling of knowledge and instrumentation of knowledge is basic to a sound therapy.

The nature of private practice is such that it has special elements inherent in it. Generally, the patient's privileged economic status makes the talent of other specialists more easily available. Accordingly, the instruments of investigation are multiplied and the activities available for release and sublimation more diverse. This is of paramount importance, for it determines success to a considerable extent. Yet this very abundance carries with it, like all other components in human conduct, potentialities both for construction or for dangerous diffusion. The diversity in activities may be exploited and utilized in such an exaggerated manner that it defeats its purpose, it carries with it potentially rapid flux and too little opportunity for incorporation, for root formation, and for habit evolution. In other words, the dynamics of abundance may work out for insecurity rather than security, against one's wellbeing rather than for it.

The linear incorporation of activities which we refer to as habit is a basic and vital resultant of one's experiences. The clinician trained in the phenomena of physical disturbances must develop equal facility in handling emotional components, and through that facility evolve an expertness in the psychosomatic field. Since his original equipment is somewhat confined, it will take a challenging reorientation for him to bridge over the hazards of this new area, until very recently *terra incognita*. In this orientation, not only must old attitudes be revamped, but new ones must be focused, sharpened, and then utilized with increasing dexterity—a never-ending procedure. This total concept of health offers challenge and ever-increasing opportunities for medical guidance, and with each successive step new vistas for health open up and horizons broaden.

Whatever the nature of the trauma to health may be, we now think of the total response in terms of psychogenic syndromes, and we accept the implications that any aspect of body structure can be involved and in that involvement create manifestations which simply cannot and should not be differentiated as belonging to one category only. The body-mind concept becomes an actual dynamic therapeutic attitude. A major part of each problem, because of this attitude, is the determination as to which area of body-mind should receive the emphasis of investigation, although not, of course, to the neglect of the other areas.

By tradition this emphasis carries with it the specialist's approach, which we now perceive has its limitations as to the end results. The element of sequestration at the source of investigation has been too dominant in the concepts of disease. With broad experience we are more and more won over to the concept that psychogenic syndromes can and do involve every body

structure, and that they can not only simulate major tissue pathology but that they do, in certain instances, predict and forecast gross pathology. No longer can one accept the premise that tissue pathology is due to toxic chemical agents alone, for even with our comparatively scant knowledge, the role of emotion in such changes is becoming more generally admitted. The clinical concept of infection, too, is subject to certain qualifications because of this increasing knowledge. A recent clue to this interrelationship has come through the utilization of the Rorschach test in certain types of constitutional disease as allied with definite types of personality.

Some years ago we called attention to the pattern-like quality of conversion syndromes, and the study of life histories from the pediatrician's viewpoint gave considerable insight into the genesis of these conversion syndromes when the early physical histories were minutely examined, and when the varying patterns of biological habit such as eating, defecation and urination were thoroughly investigated. Familial predilection for certain types of symptoms, canalized in later life, was conclusively elucidated in this early period of growth, and certain organ symptoms specific to each individual and determined genetically by the family tradition were found inherent in certain individuals. At this time symptom formation fell into three system categories, fairly well defined but not necessarily free from manifestations in other areas. These physical disturbances, at that period, were characterized as of a respiratory nature, of a gastrointestinal character, or of a genitourinary complex. The senses — touch, taste, sight, hearing, smell, kinesthesia — contributed their nuances to these major manifestations.

The impression we got then was that there is a certain canalization of physical symptoms, determined early in life, into which the organism retreats when under pressure, and whether that pressure be physical fatigue or emotional fatigue or a combination of both does not matter. The significance of this is in the inherent need of any psychotherapist to be familiar with the psychosomatic area of disturbance, for in this retreat and dramatization of physiology and physical symptoms frequently situations are created which require fine decisions as to the advisability of exploratory procedures or intervention therapy. These indications may be accompanied by an element of risk in judging the need for operative interference, because anatomy, once disturbed, although it can resume function, remains perpetually changed; the psychic trauma involved in that approach is something which must be absorbed with time. Syndromes of asthma, allergies, gastrointestinal and genitourinary sensitivity, somatic phenomena such as growing pains, and of recent date explosive inexplicable hyperpyrexia are often of psychogenic origin and must be evaluated with that in mind. Some of grandmother's superstitions seem to have a crude scientific content.

Many years of orientation are required to bring about this realization that physical symptoms may be psychologically conditioned and that quite massive

tissue changes in the so-called spasmogenic areas may take place. Until this is handled through the combined efforts of the psychosomatic approach, cures are definitely inhibited. These implications for biological anlage as channels for emotional phenomena are in actuality specific to each individual, although predetermined by his genes. As we said, some recent work with the Rorschach test hints at the rather important conclusion that the essential biological structure of the individual determines not alone the nature of his susceptibility to a specific physical disease, but also the character of his emotional response. This seems to have been most obvious in arthritic patients and in hypertensive personalities. Through such studies the interlacing of soma and psyche is revealed as much more intricate and close than it had been heretofore suspected. The psychiatrically sensitized physician is an ideal liaison instrument and his major contribution is in the nature of this borderline approach to the healing process.

It is always a matter of judgment as to which area is worthy of major emphasis, for no longer can we accept with complacency many exploratory procedures which, although they imply a minimum of physical risk, yet carry with them after-effects of profound psychological significance. Although they may not of necessity jeopardize in the large the security of the individual, they do contribute to the sum total experiences which bring about unnecessary pressures and their equally unnecessary sequelæ.

One aspect of this combined approach needs an intensive investigation. It has been almost axiomatic that patients undergoing deep therapeutic procedures do badly when handled by different specialists. This belief is worthy of further investigation, for basically it conflicts with the concept of the combined approach. Upon observing the situation in actual practice, one gets the impression that it is not the patient who is thrown into confusion but the therapists. Yet if they could minimize the egotistical attitudes which, often unconsciously, cause such friction, they could, through their very diversity, offer a positive help to the patient. The flight into somatic illness, which to a certain extent is a universal practice, will not accomplish its purpose if the areas of refuge are under observation by this interrelated and combined approach. The particularly difficult problem of the hypochondriacal patient is worthy of this close cooperation, for the propensity to think of psychic cure in spite of residual physical syndromes is still too prevalent.

The decision whether to operate or not, and, if to operate, when to do so, is one of the major contributions of this psychosomatic supervision. I do not think it is too far fetched to say that the time is at hand when the psychiatrist can help materially in the prognosis of a patient, for through his awareness of the individual he is able to evaluate with more definiteness the patient's will to live or not to live.

An equally important area in which our concept of therapy needs to be revised centers around the adolescent period, where problems are steadily

expanded and multiplying. The wave of hormone therapy carries with it critical questions of conduct which, if ineptly handled, may be of considerable threat to society. Maturation is a complex and dynamic process which includes in it all activities in every sphere of the human being's functioning. The outstanding characteristic of maturation as a yardstick is its variability, and because of these multiple variables, the term "normal" becomes extremely difficult to define. The concept of maturation in terms of physique alone is therefore utterly fallacious, and our attempts to bring about maturity through biological products carry with them inherently the responsibility of accentuating one aspect of growth and not the others. Inasmuch as growth takes place in different areas at different times, the best one can say is that ideal maturation carries with it the implication that psychic and physical growth go each pretty well hand in hand. It does not necessarily imply that one system of growth carries with it the other systems concomitantly. The fallacy in hormone therapy alone is the belief that, using the somatic system as a lever for physical maturation, we can expect psychological maturation to follow automatically. The characteristic aspects of adolescence are, first, these variables and, second, the frequent hiatus between biological and psychic maturation.

The emphasis upon biological maturation must always carry with it an awareness and observation of psychic maturation during the period of therapy. Otherwise our best intentions and our excellent architectural results may bring with them surprisingly unfortunate social repercussions. A mature somatic system and an immature code of conduct may create more problems than we originally had. Therefore, if we are sensitive to the byproducts of biological changes when hormone therapy is instituted, we must realize that conduct, social practices, and intellectual processes are not necessarily concomitant, and that any utilization of hormone therapy must be weighed in terms of the byproducts in these allied fields.

Possibly we are a little over-cautious, for the psychiatrist sees the unfavorable adjustments, since many of these unfortunate end results fall into the category of gross psychopathology. The recent literature is full of instances of successful hormone application, particularly of the male hormone, in cases of biological immaturity, but genital maturation seems to have been used as the sole evidence of growth. If the anatomical result has been at times dramatic, the social indications of this therapy have also been dramatic, but unfortunately so. Inasmuch as emotional maturation has its own tempo, just so biological maturation has, and a sudden acceleration in one area can give rise to manifestations of tension because of the lag in the other. The increasing utilization of estrogenic products for the female adolescent warrants our including this expanding area of therapy in the field of caution.

Puberty has many problems. Although many of these are really long-established in the patient's history, puberty is the time when these problems are reviewed. When methods of acceleration of a physical nature are imposed from

the outside, that review is conditioned favorably or unfavorably. It must be continually borne in mind that any therapeutic procedure carries with it a responsibility not alone for biological change but also for emotional change. When, for example, one is confronted by asocial practices in children who have undergone intensive therapy one may be quite in error in interpreting these practices as precocious, many of them are in fact immature. Intensive glandular therapy requires timeliness of procedure and one is impressed by the necessity of taking suitable precautions for the individual's sake and for society's sake as well, inasmuch as emotional immaturity may lead to unfortunate applications of mature biology, to precocious heterosexuality, or to perverse infantile sexual practices. These are some of the hazards of sex hormone application and one must anticipate bizarre manifestations of conduct, just as one expects changes in metabolism and changes in structure with this powerful therapeutic instrument. The implications of all of this are that in those instances where hormone therapy is indicated, observation must cover conduct, and bizarre manifestations must be recognized as contraindications for further therapy. Therefore, an all-inclusive observation is to be considered in any intensive hormone therapy at puberty, or for that matter at any age.

The emphasis upon puberty problems is essentially based upon the fact that because of increasing body vigor and the slower emotional maturation, flaws in the interbalances between these two activities, through the acceleration of biological growth, become much more overt. To a certain degree the general acceptance and belief that the advent of biological sexual maturity is the cause of these manifestations of stress need some modification. Not alone is that factor present, but antecedent misbalances reveal themselves because of this temporary widening gap between the tempos of emotional and biological growth. Puberty then is an excellent time to review previous dysfunction, for they are most apt to reveal themselves then, and to bring about a smoother interrelationship between biology and psyche. The problems of pubescence are in actuality both new and old. The dynamism and the kaleidoscopic evidences of maladjustments are so impressive that even the insensitive beholder is moved into awareness.

The necessity for the cooperative approach is more emphasized at puberty than at any other time. The interrelationships between specialist and specialist, between physician and family, and between physician and educator require as much expenditure of time and supervision as that spent upon the patient's personal therapy. However, these interrelationships are as constructive as anything that is done directly with the patient, for sooner or later, unless anticipated, an impasse is often reached, which could have been avoided if one had been aware of the many areas involved. This stress upon detailed professional contact and upon the personal touch between all the people in the framework of the problem is worthy of repeated emphasis.

The school situation which jeopardizes the status of the child and which may precipitate a change at the most unfortunate time not only may be most inopportune but most destructive to the child's security. Some of these crises can be avoided through anticipation and timely intervention. The empathy between patient and therapist is but one factor in the development of the security which enables the disturbed individual to give up, in spite of the painful demands of reality, the vicarious and pathological comfort of his neurosis. Personnel and environment are the instruments and factors by which the therapist expands his contribution. Too often, indeed, they determine progress or failure, for the major aspect of office practice is the treatment of the patient, not in isolation, not in a vacuum, but as a member of society. This contact with reality and the greater ease with which reality is confronted are goals determining the consummation of the cure.

The choice of personnel is one of the many painstaking problems which face us. While it is true that there are individuals who have an innate artistic flair which functions without technical equipment, they are the exceptions, and only through a time-consuming and sometimes painful process of elimination does one gradually build up a staff having tact and professional skill. Yet it is worth while, since a great deal of both are required to meet the complicated needs of the neurotic, who has an uncanny aptitude for manipulating his environment so as to create friction rather than harmony. The choice of parental surrogates who can function within the home proper is indeed a fine art, and the idiosyncrasies of individuals under these circumstances have often revealed the thin line between neurosis and sublimation which prompts individuals to undertake certain professional activities.

The choice of the extra-familial world which the school represents looms up as an important factor in one's planning, for the flexibility of personalities and diversity of curriculum are fundamental for any successful outcome. Therefore, for those of us who think of the school as a most important instrument of mental hygiene, this area for the patient's orientation is extremely important, and imposes upon the psychiatrist the need for a familiarity with school practices, school philosophy, classroom techniques, and in general the dynamics of modern education. This also implies a knowledge of a reasonable number of schools interested in various areas of growth which will serve the needs of his patients best. Of course, this is a formidable task; it requires constant touch with education and with educators in general, with major trends in education, and familiarity with the personalities determining the specific quality of the school. His knowledge enables the psychiatrist to choose with discrimination the milieu which will comprehend the needs of the patient and be tolerant during the therapeutic procedure. This carries with it the implication of a profound change in the attitude of educators as to their concept of the functions of the psychiatrist, and it likewise implies a reorientation on the part of the psychiatrist regarding education. It requires a reasonable public opinion

to the effect that a psychiatrist is as much a mental hygienist concerned with prevention as he is a therapist absorbed in gross psychopathology

The psychiatrist's contact with schools is of inestimable benefit as far as his developing techniques as to the handling of children is concerned. Moreover, it enables the therapist to observe through the accumulated good usage of generations of educators the approach and the materials by which and through which children grow, not alone intellectually but in their social relationships. We owe to the educators a refinement of one of our most valuable psychiatric instruments—the play technique. Here, within the school, we see the normal evolution of a child's interest in play and work, and observe the utilization of materials which ultimately enter into the arts and crafts. Here, too, we learn what an essential part of the curriculum play is.

Essential endowments and their utilization are much more predictable through the conjoint investigations and efforts of the school and the psychiatrist. Psychiatry's contribution does not stop with the pre-college levels. It is particularly pertinent and helpful when through the conjoint efforts of educator, psychologist and psychiatrist the choice of a college is made. Some of the strains and pressures of the freshman year are lightened and alleviated, for one is deeply impressed by the No Man's Land of the college freshman year when we consider the shocking percentage of failures which occur in spite of fine selectivity before admission. The choice of college is something which must be worked out conjointly with those educators whose area is the last years of the secondary schools. The pooling of the experience of the school staff and the psychiatrist can serve a significant purpose in the choice of a special college whose departments are particularly strong in certain activities in which our young person is interested, and in which, in addition, there is a reasonably sound mental hygiene program.

Vocational guidance and educational guidance, instruments for health, are furthered through this combination, for there are many colleges, each one with special qualities which may determine vitally the subsequent career of these patients. Possibly the reason for so many college students coming through untouched by their experiences is based upon the almost ritual-like choice of an institution of education or the grab-bag-like preference often determined by a passing vogue for a certain institution. Colleges or universities with modern mental hygiene approach offer great encouragement for the lessening of the number of failures. That such a diminution can be brought about has been proven by one of our institutions in the east who through proper selection of its enrollees, and not by criteria of scholarship alone, has been enabled to bring down the rate of failure to five per cent in the first year. Moreover, through wise recommendations this institution has been able to recover a part of this five per cent for subsequent return to this college or to others. In striking contrast to this enheartening picture is the loss in some institutions in the freshman year of as high as forty per cent.

The spreading concept of liberal colleges which consider the entrance requirements less rigidly and which have so diversified their curriculum that those who are interested in the manual arts are now considered college material, not only has implications for the mental health of the student, but for our social structure as well. The broadening of the concept of college material carries the germ of a newer relationship between the academically minded and the manual worker as equal contributors to the progress of society and the sharp demarcation between the intellectual and the man who works with his hands must be affected by this freshening attitude.

A consideration of the modern camp movement, with its implications along the lines which this broadening concept of dignified manual activity bears with it, naturally follows our discussion of school as a mental hygiene instrument. Any student of the camp movement of this country cannot help being impressed by the major forces struggling to bring about an extremely significant and valuable contribution to the growth of the child, particularly that of the city child. The educational possibilities of an intensive stay with contemporaries away from home during the young, impressionable ages has major values. Unfortunately, the commercialization of this movement has been a major deterrent. The advent of more educators, familiar with the needs of children, is most encouraging, and the expansion of this experience to all children has in it the basic worthwhileness of mental hygiene, in spite of the comparatively short stay of the average camper. Naturally, what has been said about recommendations in regard to schools and colleges holds good when one recommends a camp. One sometimes feels that this is even more important and more delicate.

Camp personnel is extremely important and the former pronounced emphasis upon muscularity is undergoing considerable revision. The maturity of the staff is as important as it is in any more formal school situation, if not more so, because of the intimate conditions under which children live and act during this experience. Therefore, recommendations about the choice of camps are serious decisions, for they have inherent in them potentialities of a constructive nature, and the investment, which at times is a genuine sacrifice on the part of parents in the interest of their children's growth and pleasure, is not nearly as productive in its return as it should be. We may hope to see the camp appreciated as an instrument in mental hygiene and seriously considered to be of such significance that the choice of one will be made as deliberately and as carefully as the choice of school and college.

In line with the growing interest of the psychiatrist in education an area of consultation has developed, centered around those children whose major symptoms are learning difficulties. Of course, this is only a part of the total picture, yet frequently it is the outstanding symptom of dysfunction, in which emotion plays a major role.

The delicate muscular coordination which is involved in speech and which includes interrelated organ systems gives us intimations of the complexity of

such a vital outlet, for speech is not a barometer of physiological states alone but also of emotional ones. The more exact determination of eye function and hearing, with all of its niceties of diagnosis, is only the beginning of an exceedingly complex and challenging investigation, in which the mechanistic contributions of the neurologist and other specialists must be interrelated with the emotional conditions surrounding reading, which is only one aspect of learning. The refinement of the encephalogram with its broadening potentialities as to brain rhythm—all these foregoing contributions open up horizons of approach which neither the medical man alone nor the educator alone can solve.

The interrelationship of physiology and emotion is nowhere more delicately displayed than in this widening approach to reading difficulties. The term "reading" is much too narrow for our purposes; the term "learning" is much more comprehensive, for it incorporates reading as one of many aspects of learning. There are as many varieties of learning as there are different human interests and activities.

Emotional motivations for learning or not learning as a product of growth become more clear as you work with those who, in spite of average or above average endowments, cannot attain results commensurate with their inherent potentialities. The acquisition of knowledge is but the first step to ability, and factors, whether they be anatomical or emotional, which affect learning, will have their repercussions upon the application of learning. Those emotional factors which condition the motivations prompting the acquisition of knowledge will have a profound effect upon the utilization of knowledge. More and more the emotional motivations behind the acquisition of knowledge are sensed as motivations which govern in general the instincts, anxiety, sadism, masochism, the parental constellation and sibling patterns. All these in their libidinal roles condition for good or evil this activity of man.

The universal and delicate interrelationship of function and equipment is nowhere more graphically demonstrated than in cases of gross defects in anatomical structure and in a particular sense organ. In this area, wherein we find the handicapped child—the chronically ill, the crippled, the cardiac, the tuberculous, the partially or totally blind or deaf—we learn, through studying his problems, what procedures are necessary for successful attack on these defects. All of them present special medical and educational problems, if we wish to utilize the normal residual components which would enable the individual to accomplish satisfactory results, even if by somewhat bizarre methods. These are the dramatic instances which enlighten us as to the byproducts of a special defect upon the total personality. These are the individuals, too, who tax the flexibility of the curriculum to the utmost if we wish to make a social contribution and give ego satisfaction to such handicapped persons.

Any medical institution harboring the chronic invalid, takes upon itself, ipso facto, the responsibility of preparing that invalid for a psychology other than that of a chronic invalid. Those of us who have had contact with insti-

tutions catering to these special defects have learned from bitter experience that a medical cure often is the beginning and not the end of the task of preparing these individuals to accept increasing responsibility in life, in spite of their handicaps.

We have not up to the present time spoken of the asocial aspects of psychopathology—the psychoses and the delinquencies which bring our patients into problems with the law. We have not discussed these because, with some exceptions, they fall essentially into the category of institutional treatment and are of necessity seen only intermittently in office contact. Truancy and particularly kleptomania are potentially office practice situations, and as such, through the understanding cooperation of educators, can be handled and are handled in office routines. The incipient shoplifter we see from time to time, and the genesis and evolution of these propensities from early childhood into full blown asocial practices can be traced.

Of late years it has become a more common practice to consult the psychiatrist as to the advisability of adoption. Here is another field which offers important opportunities for psychiatric assistance. The suitability of a child as to physical and mental health is becoming much more satisfactorily defined, although we know that the earlier the adoption, the greater the hazards. However, with the spreading interest in the field of early growth, on the part of the psychometrist and the student of growth, these hazards are being cut down. The worthwhileness of early adoption is beyond question, for the significant value of these early years and the continuous contact of a child with a stable environment needs no elaboration. We must bear in mind that as we move closer to birth the percentage of accurate predictability decreases, but the evergrowing pediatric skill and psychometric refinement diminish that hazard, and the practice of an all-encompassing evaluation of a child's make-up still further reduces the risk.

There is, however, a matter of special interest to the psychiatrist, and that is the investigation of the motivations which prompt people to adopt children. Overtly, infertility is the most common, but all too frequently we run into neurotic mechanisms, sometimes quite compulsive, and one may safely say that the foster parents are as worthy of a thorough psychiatric investigation as to their potentialities for foster parenthood as is the child to be adopted, for economic security is only one of many positive determinants. It might be a matter of future interest to investigators to evaluate the incidence of divorce in foster parents in comparison with the usual incidence of divorce in society. All too often the child is used as an instrument for keeping two incompatible people together, although this exploitation may be utterly unconscious. Similarly, there are neurotic motivations which often enter into the combination of foster children and natural children in the same family. However, the growing and worthwhile practice of removing children from institutional care to good

homes is something which should be encouraged and made as successful as possible through unified investigation.

To summarize, office therapy can be divided into three major categories

(1) Consultation with recommendations which require emphasis upon the utilization of other intensive means of approach than psychiatry (psychology and education) This type of procedure implies intermittent contact with the psychotherapist

(2) Intensive psychotherapy, which is a major therapeutic procedure, requiring the constant contact and special endowments of the psychiatric therapist.

(3) The area of psychosomatic medicine, which puts the emphasis upon the interrelationships between the various specialists in medicine

The two latter categories usually imply the resources of psychology and education as well, but in the laboratory sense only. The area of psychosomatic medicine is the bridge of the future, over which the medical specialists meet and function together. There is great resistance to be overcome in this intraspecial relationship, but it is a compensating, deeply fruitful opportunity. On this common ground divergencies are minimized and all fields of contact enriched. The infinite number of syndromes indicates how frequently these areas impinge upon each other, and there is no aspect of body physiology but has its emotional coloration. The main problem is the determination of the area most intensively involved and therefore the particular specialist to play the leading role in the therapy. In those instances where the intense physiological picture is manifested in hypochondriasis, the problem is essentially psychiatric, in spite of the somatic emphasis. The nature of the psychiatric approach is, of course, determined by the specific endowment of the therapist. Those who are trained as psychoanalysts have in that additional skill a very valuable instrument.

Play, as well as other instruments of psychiatric investigation, is utilized in accordance with the indications and the needs of each patient. The somaticist has his *materia medica*, the educator his curriculum, and the child psychiatrist his play therapy. This aspect of psychotherapy is a world of amazing potentialities. It needs cautious application and even more cautious interpretation, as does any powerful instrument. A redefinition of play is in order, for its somatic aspect conveys only a part of its depth and breadth. Play is the symbolization of the emotional activities of an individual; as a manifestation of emotional phenomena it is an activity by and through which the therapist interprets symbol into factual phenomena.

The need of coordination and supervision in therapy will necessitate a great deal of cutting across medical, educational and other professional hierarchies before it is accomplished. Yet nothing short of this will serve if the therapist is to be able to consider constructively the elements which enter into the formation of either the well-rounded human being or the human being who is not functioning as he should in society. The crudeness of today's

evaluation will become more exact through ever-increasing and expanding investigation by instruments which are continuously refined through experience

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THE CHILD GUIDANCE CLINIC

THE ORGANIZATION AND ADMINISTRATION OF A CHILD GUIDANCE CLINIC

By

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THE organization and administration of a child guidance clinic is so dependent upon a wide variety of factors that a discussion of this type will involve reference to typical *kinds* of organizations rather than to a typical kind of clinic. Among such determining factors are: the historical development of the clinic, the size of the community, the source of revenue, the amount of financial support, and directing personnel. In many cases the personnel of a clinic has determined the organization quite as much as the formal requirements of organization has determined the personnel.

Historically, the first psychological clinic in the United States was established by Lightner Witmer at the University of Pennsylvania in 1896. However, the present child guidance clinic was developed from a larger base than this. In the first place, the theoretical background for a clinical movement was present. Freud and his group, studying hysteria and other neuroses, were calling attention to the fact of serious intra-psychical conflicts of the individual, Morton Prince and Boris Sidis, working more or less independently of Freud, were developing theories of the subconscious. Adolf Meyer, with a less theoretical and a more practical emphasis, was interested in turning American psychiatry as practiced in the hospitals away from physiological studies to a consideration of the total organism, the total individual. Furthermore, in the ranks of academic psychology, William James and G. Stanley Hall, both of whom represented a point of view that behavior was after all an expression of the adjustment of the individual to the environment, advocated the study of the growing child to shed light on such adjustment. Then we also have to reckon with the impetus of the new mental hygiene movement started by Clifford W. Beers through his book, "The Mind That Found Itself" (1908) which undoubtedly also had its influence on the establishment of clinics. Hence, there was a sufficient body of theory backed by practical interest to furnish the initial impulse to a clinical movement.

While these historical background factors pointed the way, manifest practical needs were mainly responsible for the first steps in the evolution of clinics. Mental hospitals concerned with the treatment of adults suffering from mental disease expanded their function to include out-patient service designed for the treatment of mental diseases in their early or incipient stages, as well as parole service for released patients, and general public educational service to build good will and understanding toward mental patients and mental hospitals.

Then children came to be accepted in the out-patient departments. The first mental hospital clinic to study children was the Out-patient Department of the Boston Psychopathic Hospital, which accepted children as patients from the time of its opening in 1912. Children were referred here by schools, courts, and social agencies. In the first year children accounted for almost half of the department's intake. Most mental hospitals did not accept children at first and in those which did the referrals were mostly of mentally-defective children. However, the work expanded gradually from a consideration of mentally-retarded children to that of educationally-retarded children. It was soon found that these two categories of children were fundamentally different. Mental retardation was only one of the causes of educational retardation. There were also other more significant social and emotional aspects of maladjustment which were responsible for educational retardation, educational maladjustment was often only one part of a picture of general maladjustment. In the later development of the clinical study of children, the feeble-minded and the emotionally maladjusted problem children were recognized as definitely separate problems and treated as such.

At roughly the same period, a more direct approach was made to child guidance under a delinquency prevention banner. In 1909 in the Juvenile Court of Cook County, Illinois, Dr. William Healy initiated a five-year study of juvenile delinquents. His work was pioneer in nature and determined very much the organization and administration of present-day child guidance clinics. At that time his own summary of status of "child guidance" was: "With the possible exception of Witmer's clinic in Philadelphia where defectives were being observed and the beginnings of Goddard's work with Johnston at Vineland, also with defectives, there was not even the semblance of anything that could be called a well-rounded study of a young human individual . . . Even physiological norms were not available, standardized mental tests had to be developed, the Binet age level scale had not yet appeared; the importance of knowledge of family attitudes and conditionings was barely realized"¹ Supported privately for the first five years, the clinic was later named the "Juvenile Psychopathic Institute" and maintained by Cook County. Its title may perhaps indicate the narrowness of the initial concept of "child guidance." The name

¹ William Healy, "Twenty-five Years of Child Guidance," *Studies from the Institute for Juvenile Research*, Series C, Number 256, Illinois Department of Public Welfare (1934), p. 1-2

was changed to that of the "Institute for Juvenile Research" when the State assumed responsibility for its support three years later and its functions were extended to cover a wider field of child guidance. The work of this pioneer clinic not only put into effect a basic philosophy of treatment of problem children, regarding misconduct as "a branch of conduct in general", but also had a lasting influence on the organization of child guidance clinics.

Organization, of course, is always an outgrowth of the function being performed and the approach being used. Healy had the point of view that "the interpretations that may be derived from acquaintance with the facts of ancestry, prenatal life, childhood development, illnesses and injuries, social experiences and the vast field of mental life lead to invaluable understandings of the individual . . ."² Hence, there was a medical examination to obtain a clear picture of the child on the physical side, psychological tests to estimate his intellectual capacity, and psychiatric interviews to obtain some insight into his attitudes, his general point of view, and his mental life. Although the clinic staff at the time did not include a social worker, the delinquent's personal history data was obtained from probation officers, social agency workers, and volunteer investigators.

We see in these approaches to the child—the physical, the psychometric, the psychological or psychiatric, and the social—certain concrete requirements for data calling for certain kinds of clinical personnel. A pediatrician, a psychologist, a psychiatrist, and a social case worker formed the basic clinical skeleton staff. When an expansion of clinical facilities is initiated, it is usually to increase this basic unit, sometimes changing the ratio of the various component parts. Thus, there might be more than one psychiatric social case worker, and the psychiatrist might take over the pediatrician's function, or the psychologist and pediatrician might together assume the functions of the psychiatrist.

A little later, in 1915, a similar program was initiated in Ohio with the establishment of the Ohio Bureau of Juvenile Research. As promoted by Goddard from its inception, it was directly supported by the state and, in fact, was made a division of the Department of Public Welfare, thereby setting the precedent for direct state responsibility in child guidance work. The purpose was to investigate juvenile delinquency, its causes, motives, and contributing factors by the case study method, the ultimate goal being the prevention of crime through treatment of the juvenile delinquent.

An instance of rapprochement between the mental hospital and delinquency prevention branches of the child guidance movement occurred at about the same time. Dr. George F. Inch of the Kalamazoo State Hospital prevailed upon the judge of the probate court of Grand Rapids, Michigan, (which had jurisdiction over delinquents) and the county commissioners to finance a travel-

² William Healy, *The Individual Delinquent*, Little, Brown & Co., Boston, 1915, p. 28.

ing clinic that would examine children upon referral from the court. The traveling clinic was a logical extension of state hospital services in the field of juvenile delinquency.

A third line of development is identified with the National Committee for Mental Hygiene. Experience had shown that whether the problem under consideration was "in the field of functional nervous and mental disease, delinquency, dependency, industrial unrest, . . . (the basic cause) was social maladjustment, due to faulty emotional development which had its roots in childhood."³ Therefore, after studying the existing clinics and facilities for child guidance, the National Committee designed a clinic program to demonstrate a method of checking juvenile delinquency which was financed by the Commonwealth Fund. In 1922 the first demonstration clinics were set up in Norfolk, Virginia, and St. Louis, Missouri, with the purpose of showing the juvenile courts and child-caring agencies what psychiatry, psychology and social work has to offer in the treatment of the problem child and by such treatment not only to help the individual delinquent but (from the state's point of view) to decrease the number of delinquents.

These demonstration clinics gathered a great deal of valuable experience both in the organization and administration of a child guidance clinic. The first few, for instance, found that there were certain disadvantages in working solely through the courts and that children whose misbehavior was not yet *legal* delinquency, but who presented a wide variety of problems, could profit from clinical service. Later, therefore, clinics were established in connection with schools and referrals were sought from parents, teachers and social workers.

With the perspective of this brief historical sketch, we may be better able to evaluate those features of organization which have evolved from the various approaches. From these beginnings, there are at present between six and seven hundred communities that are served by child guidance clinics, according to estimates made within the last five years.⁴

It will be our purpose to examine the different types of organizations and to investigate the factors and conditions which determine any organizational set-up. One of the factors determining organization and administration has been the avowed purpose of the clinic, the reason for its establishment. It might be well to mention that the reason for the establishment of a clinic is not always the same as the justification for its continued existence since the procedures and practices of a clinic change. In our historical sketch we have pointed out that a clinic might start out examining feeble-minded children and gradually evolve to a stage where it concentrates on cases of general maladjustment.

³ Frankwood E. Williams, "Finding a Way in Mental Hygiene," *Mental Hygiene*, Vol. XIV (1930) p. 238.

⁴ Elise H. Martens, "Clinical Organization for Guild Guidance Within the Schools," *United States Department of the Interior*, 1939, Bulletin No. 15.

Many clinics received their initial impetus from the consideration that they would be instrumental in reducing the number of admissions to state institutions by helping the parents and teachers of feeble-minded or neurologically handicapped children to work out plans and a program for the maximum development of the potentialities of these children. This policy is being justified in terms of the money saved society through the elimination of hospitalization costs for these handicapped individuals.

Another consideration is to prevent psychoses and crime. By working with pre-delinquents and pre-psychotics, such a clinic has the goal of rehabilitating the individual and thereby contributing to the general welfare of society. However, an additional justification is that delinquents who are treated without incarceration, and pre-psychotics who can be treated so that they do not reach a stage where institutionalization is necessary, mean tax payers' money saved in incarceration costs. This saving of public money has proved a very useful argument for the maintenance of clinics. It should be stated, however, that while this may be a very effective sales argument, the very fact that a clinic has been established for such a purpose and is connected possibly with the authority against which the child is in conflict, would tend to weaken its influence and hamper its effectiveness.

A third purpose of a clinic may be the promotion of mental health among children in general. Such a clinic is the more purely child guidance clinic that deals with serious emotional and social maladjustments in children without considering or stressing such special aspects as delinquency, retardation in school, feeble-mindedness, psychotic background, etc.

A discussion of these various clinical aims or goals has a definite place in this chapter because it is these formal aims which have an implicit influence upon such organizational features as staff, their training, and even such aspects of administration as whether the work should be merely diagnostic or include therapy as well, whether the greater proportion of the work will be with the child, with the parents, or with other outside cooperating agencies.

A factor of great importance in determining composition of staff and related matters is the approach used in treating the child. The following is not intended as an exhaustive description of independent methods of treatment. Rather, it is an attempt to show some of the functions a clinic may undertake and to indicate how the particular combination of functions determines personnel. For instance, from a strictly environmental point of view, the stress may be put upon making the child's environment better, easier, more pleasant, and thereby reducing the difficulty of his adjustment. Such work would include seeing the child's parents, trying to modify their attitudes and seeking to make them understand the child, relieving any tension and anxiety they have in relation to the problem, interviewing teachers and school principal, acquainting them with the findings on the problem and seeking their cooperation in the program of the child's readjustment and perhaps seeking some concrete changes

in school environment or even arranging foster home or institutional placement. In this particular aspect of treatment, a social case worker or a visiting teacher is essential, and their ratio in relation to the total staff will be large or small, depending upon the proportion of this kind of service rendered.

Another general approach is to direct attention toward the child more specifically than toward the environment. Here the attempt is to adjust the child to his environment by finding new fields of endeavor and activity and by guiding him into these fields. After a thorough analysis of the child has been made, an intelligent program may be put into effect, calculated to promote new recreational and spare-time interests and activities, to encourage the development of latent talents and aptitudes, and to place the child in a situation where he can achieve the recognition given individual skill and excellence. In this kind of approach, the limit of effectiveness is set by the community, since there must be in existence the kinds of activities and the kinds of groups into which the child's program requires that he be initiated. Y.M.C.A.'s, boys' clubs, special activities groups (model airplane designing and construction, stamp collectors, ping pong tournaments, etc.), are examples. Often a sympathetic adult in the child's environment may be enlisted in this work; very often the case worker may try to establish the kind of relationship with the child where she may foster such new activities and interests. In this kind of approach, the clinic staff needs perhaps fewer workers because of the greater number of cases that can be referred to other community recreational and educational agencies.

A third approach, narrower in scope, is designed to alleviate or remedy specific disabilities or shortcomings of the child. Defects such as lisping, imperfect eye coordination (either as a result of poor training or physical defect), lethargy or hyperactivity due to glandular disfunction or improper diet, etc., are treated in this approach. Such clinics may have a speech pathologist as part of the staff, or a remedial reading expert, or a pediatrician. In fact, where the number of any particular type of case is large and where there are facilities available, a specialized clinic is often formed (i.e., a reading clinic or a speech clinic), which devotes itself entirely to curing the specific difficulty, treating the child's emotional difficulties only incidentally as such emotional difficulties affect the reading or speech.

Finally, the approach may consist of therapeutic interviews with the individual for the purpose of dealing directly on a verbal plane with the mental difficulties of the child. Psychoanalysis would be an example. In such an approach, the psychiatrist, who may be a psychoanalyst, figures prominently. The case worker, pediatrician and others are less prominent and their usual ratio smaller. In many clinics, especially where they are of sufficient size, a combination of these approaches is used and the staff is correspondingly large and varied, sometimes including part-time dentists, otologists, ophthalmologists, etc.

Another important distinction in child guidance work which determines administration and organization is the distinction between diagnostic and treatment services. In a sense these two concepts of child guidance work can be traced back to the outpatient hospital "root" for the purely *diagnostic* service and to the delinquency root in the treatment service. These influences should be kept in mind since the differences reflected in administration and organization by these two types of service will be pointed out in the examples to be given of various kinds of clinics.

A vital factor very directly determining organization, and one which we have intentionally not mentioned until now, is the very obvious one of financial support—the particular auspices under which the clinic operates. This may be a school system where the funds are part of the school budget and subject to the same limitations, or a city or county government where the clinic is responsible for the population of the geographical area included in the particular governmental unit, or it may be state-supported and be part of the state service aspect, in other cases it may be privately endowed or supported in connection with a university or child guidance training center or institution. Besides determining size of staff on the basis of funds available, the clinic also has its staff-size determined by the size of community it has to serve.

Realizing the vast variety of causal and modifying factors affecting clinical organization and administration, we can now turn our attention to a survey of some actual clinical set-ups.

Since large cities usually have the greatest array of what are known as "cooperating agencies" which often furnish the initial impetus to a program that establishes clinical facilities for a locality and since large urban centers are more likely to have the necessary funds to begin clinical work, the large city clinics may be discussed first. Furthermore, whether it is true or not (and we will later investigate this hypothesis), the clinics in large cities are assumed to be the models toward which all other communities should strive in their efforts to establish clinical facilities for themselves. In actual practice, this hypothesis is assumed to be true, and smaller communities follow the example and plan clinics which copy on a smaller scale the example of the big city. In our discussion we will consider a large city as one with a population of 200,000 or more. There are 41 such cities in the United States, of which 37 report the availability of clinical service either within the schools, the court, or other community agencies.⁵

In Chicago is located the Illinois Institute for Juvenile Research, mentioned previously in the historical resumé. In its program are included a wide variety of services which are carried on by a staff comprising a director, 15 psychiatrists, 9 psychologists, 8 social workers, 1 pediatrician, 2 recreational workers, 8 sociologists, and students-in-training in most of these fields. In addition,

⁵ Elise H. Martens, "Clinical Organization for Child Guidance Within the Schools," *United States Department of the Interior*, 1939, Bulletin No. 15, p. 45.

from time to time there have been research workers who have also carried on therapeutic work. The psychiatric staff has been largely recruited from among young psychiatrists who are able to complement their general psychiatric education in Chicago because of the increased opportunities in that city by post-graduate work and study, as well as by psychoanalytic training. An administrative problem created here is the turnover in personnel since the experience and training given on the job soon makes the psychiatrists eligible for other positions. The psychiatric staff has interview therapy and play therapy, the latter of which is becoming fairly well standardized for use with neurotic children

By an explicit division of the time spent by personnel in each category, diagnostic and therapeutic services function independently. The psychologists' duties consist for the most part of giving intelligence, educational, and vocational tests to children who are referred for examination, in other words, tests of a purely psychometric nature. The intelligence test is given routinely and followed by a series of performance tests, diagnostic tests, or vocational tests as the situation seems to warrant. Besides estimating the mental age level of the child under consideration and thereby determining an intelligence quotient, the observations of the psychologist are to include a subjective analysis of the subject's mental reactions such as the nature of his thought processes, the degree of his attention or inattention, his motor coordination, his insight into what he is doing, his attitude toward the test situation and toward the examiner, his emotional stability or instability, his comprehension of directions, etc.

Whenever discrepancies between mental age and school grade placement are found, educational achievement tests are administered to check on the appropriateness of the grade placement, such tests indicating the child should either be demoted or promoted for the most effective work. Besides affecting his school work, the lack of satisfaction or lack of challenge and interest in school may also be the basis of problem behavior of a compensatory type. Recognition or interest is sought through other means, usually less socially approved. The psychologist seeks to investigate these factors, analyze them, and report on them at a staff meeting so that they can be utilized in working out a treatment program for the child. If the achievement tests reveal that the child is weak in some particular subject, a special analysis is made of his difficulty. This kind of work covers the diagnostic aspect of the psychological work. Reading and arithmetic difficulties account for most cases of educational retardation and it is here that treatment services are given. Remedial reading programs are initiated and training is given by the psychologists to teachers and tutors who work with the public schools. However, in Chicago proper, there is the Bureau of Child Guidance within the Chicago Public School System which takes care of such cases more directly. The psychological service also includes such specializations as the examination of children referred for

scholarships and also for the examination of infants and young children who are being considered for adoption

Training of future clinical psychologists is a by-product of the clinic's services, and arrangements with the state university are in effect whereby trainees at the Institute receive credit toward advanced degrees in psychology.

Research is also considered a function of the clinic and each member of the staff is expected to carry on some research work along with his regular clinic duty

The social service activities and work include an active part in the selection of cases appropriate for study and treatment. The social worker reviews each application with reference to the service at the clinic or elsewhere in the community which might best meet the present needs of the child and confers with the parents or other sources of referral on the nature and urgency of the problem. This appraisal includes an evaluation of the ability and readiness of the parents or others concerned to make use of the clinic services and also of the resources available for the carrying out of clinic recommendations. This social study of the situation is reviewed with the clinic staff so that the decision for acceptance and a plan of the examinations necessary may be made jointly. If services elsewhere seem more appropriate, the social worker arranges for these. On all cases accepted for examination, the social worker is available to study more carefully the genesis of the problems which the child presents, the course of their development, and the previous attempts made to solve them. The caseworker represents the point of contact between the clinic and the home. Throughout the clinical treatment, she undertakes to enlist and maintain the full cooperation of the parents or other adults concerned with the child, both by interpreting to them the efforts of the clinic and by trying to enlist their cooperation in the actual procedures recommended.

When psychotherapy is under consideration, the social situation is reviewed to determine whether or not such a plan of treatment is practicable. The questions involved may range all the way from lack of carfare for repeated trips to the clinic or a truant attitude toward clinic visits, to unfavorable and uncooperative attitudes of the parents which counteract the influence of treatment, or the overwhelming influence of these environmental factors originally responsible for the difficulty.

When the chief obstacles to a psychotherapeutic program have been removed or minimized by the social worker, her work continues in the form of interviews with one or both parents. The aims of these interviews are to keep the therapist in touch with the life of the child outside the clinic and also to keep the parents oriented and in line with the treatment procedures. Some work is done with the parents themselves in these interviews in attempting to modify somewhat undesirable attitudes or undue anxieties they may have in regard to the child. In connection with the social worker it is interesting to note an influence determining her role. The methods of play therapy have

developed some techniques which have proven adaptable to the social treatment of the child in the community, and the social worker, under psychiatric supervision, gives direct treatment to children not requiring intensive psychotherapy. Coordination of field work experience with the academic curriculum has been fostered by the close working relationships between the Institute and the schools of social work.

Apart from play therapy as understood in the psychoanalytic sense, there are the ordinary every-day play needs and recreational requirements of the child. In this aspect of child guidance, the recreation worker takes her place in both the diagnostic and treatment services. Stemming from a basically social service branch, recreation work has slowly evolved its own techniques in the form of a "recreation interview" where the conversational direct approach gave not only specific information on interest and leisure time activities but also gave incidental illumination on personality characteristics, attitudes, etc. The relationships between the recreation worker and the social service staff gradually evolved by trial and error from one in which the recreational director was assigned cases supposedly needing recreational adjustment most and working in parallel with the social worker to one where the recreational worker is in an advisory capacity and duplication of effort or working at counter-purposes is avoided. The work of the recreation service includes the following categories: advisory work, clinical examination by means of recreational interview, student training, summer camp placements, correspondence, and special projects.

The advisory aspect of the work includes not only the staff members but also the workers of other social agencies. Within the Institute the advisory work would take the form of conferences with the individual and group conferences devoted to planning treatment. With outside agencies, the advisory work may include conferences with individual case workers and group workers, telephone conversations with respect to recreational resources adaptable to specific requirements, talks to agency staff and personnel groups, representation on advisory boards or committees in related fields, and education either through demonstration, recreation, interviews, or individual intensive training of a trainee.⁶

Another example of a state-sponsored clinical service is that of the previously mentioned Ohio Bureau of Juvenile Research. On a budget of approximately \$100,000 (of which about 80% is paid in salaries, about 17% in maintenance, and 3% in repairs, equipment and supplies), it has an executive psychologist in charge of the entire organization, a research director (a psychologist), 2 supervising psychologists and 7 clinical psychologists, 2 psychiatrists (one half-time), a house physician and interne, 2 trained nurses, a dentist on half-time, a diagnostic and remedial teacher and a social investigator. The Bureau uses a number of approaches in its service. First, a child may be brought to

⁶ A. L. Bowen, "Twenty-Third Annual Report of the Department of Public Welfare," State of Illinois, 1940, pp. 771-797.

the Bureau for a period of observation, the length of which varies depending upon the seriousness of the problem, the complexity, etc. The child is housed in the Bureau's cottages during the examination period and there he is observed and studied by all members of the staff. Secondly, the Bureau operates an outpatient clinic on each Saturday morning to which children can be brought by appointment. In the third place, the Bureau has a field clinic department which goes out into the local community or into institutions for children to examine their problem children. Thus, by using a variety of different approaches, this organization attempts to get the widest possible coverage of the state in the extension of child guidance service.

In the rather detailed description of the organization of a large metropolitan-situated but state-supported clinic, we have one extreme in size, staff, activities and services.

We might turn our attention now to another type of large city clinic, this time maintained as a part of the school program. In Detroit, Michigan, the public school system combines its research and adjustment services in one large division and places them in charge of a supervising director who in turn is responsible to the deputy superintendent of schools. Under this organization are included research, attendance, special education, guidance and placement, parental advisory service and the psychological clinic. Each of these constitutes a separate section of the division of research and adjustment and each has its own director. The psychological clinic is the unit in which are centered the clinical activities of the school system and here the actual work is done.

The duties and responsibilities of this psychological clinic are varied and intimately connected to all the other branches of the school system. These include group testing, individual testing, diagnosis and adjustment, vocational interest and aptitude testing, physical examinations and social work. In 1938 the staff for this work was comprised of one psychologist-director, 13 other psychologists and psychometricians, 1 psychiatrist and 3 other physicians, each for half-time, 6 visiting teachers, one reading diagnostician, 6 group and vocational examiners.

Although from 30-40% of the cases referred are classified as "behavior problems" the clinic concerns itself with pupil problems of all kinds since the behavior difficulty may have a physical or mental basis. Part of the work consists of educational promotion of the clinical attitude, fostering mental health practices, and encouraging insight on the part of supervisors, teachers and principals into the causes and treatment of undesirable behavior.

In addition to the psychiatric services available for children from the school psychological clinic, there are various other independent community clinics in Detroit to which urgent cases may be referred. These supplement the program of the school system but in a city of this size, the staff members of such clinics cannot have as intimate a knowledge of the treatment and adjustment possi-

bilities as would the psychological clinic staff of the school. It is well to note here that in cities of large size where there are cooperating and specializing clinics for different phases of child guidance, there must be a definite plan or coordination or else a certain inefficiency due to duplication of effort may result. Thus, highly desirable in such a case, are items such as the interchange of records and reports on referrals on which some work has already been done, a well-formulated and concise statement of the interrelationships between the various clinics, an unequivocal allocation of responsibility among them, and an all-pervading *esprit de corps* which will insure giving cooperation as well as asking for it.

Another example of a city clinic which in this case gives county coverage is the Milwaukee (Wisconsin) Mental Hygiene Clinic. Both children and adults are seen, the proportion is two of the former to one of the latter. Established by the County Board in 1926 at the behest of such groups as the Juvenile Court, social agencies, health agencies, etc., the work expanded from purely preventive service to a broader base and even from the first it was planned and built up as a general hygiene clinic rather than a specialized one dealing only with children or attached directly to the court.

The present staff of the clinic consists of two psychiatrists, two psychologists, three psychiatric social workers and three members of the office force. All hold their positions under Civil Service and are chosen by competitive examination.

The intake policy, though strict as to numbers, is very broad in respect to the type of patient seen. The only important criterion is that the situation seems to be one in which the clinic can be of help. Other requirements include residence in Milwaukee County and proof that the patient cannot afford a psychiatrist in private practice. This latter requirement is to preclude competition with private practice though it does not hold when a patient is referred by a social agency or by any public organization such as a court, a public school, etc., for the clinic is then performing its services primarily for this publicly supported institution. In order that adequate study may be made of each person, the number of new cases is strictly limited to about twenty per week. Most patients are seen on what is primarily a consultation basis with recommendations for treatment being made by the clinic and reported to the referring agency. Only a small proportion are carried for treatment by staff members. This load usually averages about 100. Patients are seen only by appointment. Every application is passed upon by a committee of staff members who decide upon the type of service to be given.

The referrals come from a variety of sources. A very considerable amount of work is done for the Juvenile Court. This consists of examining children who are known to the Court or to its probation department, formulating recommendations for their treatment and occasionally handling the actual work of treatment. These children are sometimes sent to the clinic at the request of the presiding judge, but many are also seen because help is desired

by the probation officer, who may even be acting informally in the case without ever bringing the child into court. Occasionally, the Family Court refers special cases for agencies, both those dealing with children and those doing family case work. Few of these children are carried for treatment in the clinic. It is more usual for the case worker to handle the treatment and she often does this on the basis of regular consultations with the psychiatrist. The school, both public and parochial, form important sources for the referral of children. The types of problems dealt with are such as might naturally be expected from the source of referral. Children's problems include those which occur in the home, such as difficulties in feeding, temper tantrums, disobedience, inferiorities, excessive quarrelsomeness, inability to get along with other children, enuresis, etc. The problems sent by the schools are such as retardation in school work, disciplinary difficulties, inability to mix with other children, over-activity, extreme shyness and withdrawn personalities. The Juvenile Court refers children because of the usual type of delinquency. They also refer parents from time to time for study as to whether they are adequate mentally to properly care for their children.

Several types of service are rendered by the clinic. The complete examination consists of a social history, physical examination, psychological tests and psychiatric study. The social history is either obtained by one of the social workers attached to the clinic or is furnished by a cooperating agency when the patient is referred by one of the social agencies. This history attempts to present as fully as possible the background of the patient and the situation which has developed. Particular stress is laid upon the emotional inter-relations between the patient and those with whom he comes in closest contact, particularly the members of his family. The psychological examination is primarily a study of the intellectual and educational capacities of the individual, while the psychiatric examination tends to study his emotional life. After the examination is completed, the workers who have studied the case hold a staff conference to pool their information and to formulate recommendations and plans for treatment.

If the social work has been done by a cooperating agency, its worker attends this conference and takes part in it. The results of the conference may be a series of recommendations directed to whomever referred the case. Or, treatment may be carried on by any member of the clinic staff. This treatment may be social, psychological or psychiatric in type. Though the nominal patient may be a child, the work may be directed primarily toward some member of the family such as a parent whose abnormal attitudes are creating the difficulties resulting in referral of the child. The parent here may be in more need of treatment than is the patient. Not all cases require this complete study, of course. Many children are referred only for the study of their intellectual capacities and they are given psychological examinations only. Others are

seen for psychiatric service only. Various combinations of partial service can thus be worked out to suit the needs of the individual case.

The educational work of the clinic is also of great importance. The clinic staff is quite unable to handle personally all the patients who are in need of help. Part of the working philosophy of the clinic is the view that mental hygiene is essentially a community task which falls upon every person who deals with other personalities in a constructive way. These include social workers, physicians, clergymen, nurses, teachers, etc. It is the obligation and duty of the clinic to help educate these groups with regard to the work and practice in the mental hygiene field. A very considerable amount of time is spent by various members of the staff in giving public lectures to rather diverse groups. The benefits which can be obtained from this sort of work are considerable since through these groups are reached many individuals who would otherwise have no contact with the clinic. It is recognized that mental hygiene is essentially a community task and is not limited merely to the work actually done within the clinic.

The Mooseheart Laboratory for Child Research may well serve as an example of a clinic maintained by an institution.⁷ We have here in many respects the ideal situation in which a clinic may operate. In the first place, Mooseheart is a completely, self-contained community rather than the usual kind of institution. It has its own school system, complete from nursery school to kindergarten through elementary school and high school. The living is not institutionalized. There are no central dormitories or eating halls, instead, there are home units, cottages complete with their own kitchen, dining room, living room, and bedrooms, presided over by a housemother for the younger children, and in addition a housefather for the high school boys. There are from ten to sixteen children in each cottage. The community includes its own postoffice, grocery store, a department store for boys and one for girls, gasoline station and garage, dairy farm, vocational shops, its own lake, etc. All in all, it probably compares favorably with an ideal small town. Established in 1931, the Laboratory for Child Research is the psychological child guidance clinic for the community. With myself as director, the staff includes a research assistant, a speech pathologist, a clinical psychologist, one full-time and two part-time assistants (who are also engaged in research). There is also the registrar maintained in our building for easy accessibility to the case records. Two stenographer secretaries complete the personnel.

Upon entering, each child is given a complete psychological examination which includes tests of intelligence, performance, school achievement and a personality questionnaire, special aptitude as well as vision, hearing, anthropometric measures and a physical examination by the hospital. A family history is obtained on each and filed with the case folder. These records, together

⁷ Martin L. Reymert, "The Mooseheart System of Child Guidance," *The Nervous Child*, Winter 1941-42 issue. The Philosophical Library, Inc., New York, pp. 73-99.

with personal interviews, combine to give a complete picture of the child. These records are summarized in a concise report containing the recommendations of the Laboratory and are presented by the Director to the Children's Committee. This group is headed by the Superintendent of Mooseheart, and is composed of the various administrative heads of the entire institution,—the principal of the high school, principal of the elementary school, the pre-school unit, the hospital supervisor, the dean of boys and dean of girls, the Catholic priest and the Protestant minister, and the director of home making—who decide upon the child's placement in the Mooseheart system, school grade, vocational placement, hall, extracurricular activities, etc.

After three months, an adjustment follow-up is made in order to judge the child's adjustment to Mooseheart. At this time any changes in his curriculum that seem advisable are suggested for the Committee's consideration. At all times there is the best cooperative relationship existing between the administrative officers and the Laboratory. After the thorough examination at entrance, each child is brought in again for examination and observation each year within his birthday week until his graduation at the average age of 18½ years.

In addition, in between these set periods, whenever a child might be misbehaving, blanks are sent to the housemothers and teachers of the child, as well as to any other adult who is in contact with him and who would know him well enough to competently judge his behavior, personality, etc. Hence, there is an annual review of every child in the community that is as complete as the initial examination. These reports are also reviewed in Children's Committee and the recommendations considered.

In addition, in between these set periods, whenever a child might be misbehaving in hall or school, or might exhibit any special personality difficulty or show disabilities in various school subjects, etc., he is referred to the Laboratory for the specific problem at hand. The child and his problem are studied and after an analysis of probable causes, recommendations are made for the consideration of the Children's Committee. For the small percentage of behavior cases which might show pre-schizophrenia or other psychotic tendencies, the services of a psychiatrist are available. An interview and examination is given just prior to the psychiatrist's visit and the Laboratory files are at his disposal. In committee, the psychiatrist then reviews his findings, discusses the particular case with those administrators in charge, and recommendations are made.

The clinical set-up is ideal in many ways because the entire community is governed by a central agency. All employees in direct contact with the child cooperate with the administration's policy. Semi-monthly forums are held for the purpose of acquainting employees with the administration's policies, any changes in policy, and for general educational work which is a sort of "in-service" training. In addition, the children are under twenty-four-hour a day control by a centralized head who has the best interests of child guidance at

heart. Under such conditions, not only can the Laboratory clinic be assured of understanding and cooperation with its aims, but child guidance really becomes the whole-hearted community project it must be if it is to be truly effective.

Our survey up to now has shown typical organizational and administrative set-up within fairly centralized localities, either county, city, or institution. Of the more than 600 psychiatric clinics accepting children, according to the report of the National Committee for Mental Hygiene, nearly one-half were located in cities of over 100,000 population. This shows the definite concentration of clinical facilities in the large urban centers. However, this does not mean that the non-metropolitan areas do not need clinical facilities. In fact, the best general statement we can make regarding the status of clinical facilities in the United States is that while the past twenty-five years have seen many noteworthy achievements, nevertheless, clinical facilities are far below the need. For instance, even in the cities of 100,000 population, one-third of these have no clinical service. Furthermore, although governments were the most frequent source of financial support for clinics (financing 58% of the psychiatric clinics in the U. S. in 1935), there were twenty-four states that gave no financial help to clinics, and in fourteen states there were no clinics under any auspices.

In those states which do have clinical programs, however, they are faced with the administrative problem of getting these clinical services to their rural communities. From geographic considerations, for instance, it can be seen that in many states there simply are no large cities within convenient commuting distance for prospective patients or clients. The "traveling clinic" was evolved as a solution to this need. Historically, however, the traveling clinic has had two purposes. The fact that these two purposes are not sufficiently explicit even now has led to a great deal of confusion about such clinics, their purpose and their financing. In the first place, such traveling clinics were undertaken as demonstration clinics.

The situation in Illinois is perhaps illustrative of the demonstration viewpoint. A psychological survey of the town of Freeport began the traveling clinic program. The psychologist returned to the town periodically until 1923. This type of service was later extended to other towns. However, the community itself had to request the service and in addition materially cooperate to facilitate the work of the three-member (psychiatrist, psychologist, social worker) staff. The conditions to be met are the following: (1) desire for the clinic on the part of the local physicians, school officials, court workers, and social agencies, (2) a structure of social agencies which makes possible the preparation of social histories and carrying out of the clinic's recommendations, (3) inter-agency harmony to make for combined efforts in developing the clinic finally to independent status, (4) a local agent responsible for history-taking, (5) provision for the physical examinations for the patients, (6) suitable headquarters for the clinic, (7) stenographic services as needed, and (8) funds to cover the clinic's traveling and maintenance expenses.

Therefore, when a community requests that a clinic be established, the Institute for Juvenile Research sends a staff member to survey its resources and to ascertain the desires and working relationships of its social agencies, courts, schools, and medical profession. If satisfied that the situation is one in which child guidance can be developed, a clinical unit is periodically sent to the community. The aim in sending the clinic is to give the community its services and by education and demonstration, to encourage community effort to establish a clinic of its own, to maintain its own study and treatment facilities. If, after a few years, no such development is evidenced, then the service is discontinued.

In this case, the traveling clinic is merely a temporary measure. It is not intended that the service should continue, but instead merely point the way to the community's independent establishment of a clinic. Between 1923 and 1936, sixteen such clinics were established, seven were discontinued, and by 1938 only two communities had developed the hoped-for facilities.

Before we consider whether the number of such traveling clinics should be increased and their services made permanent, it might be well to investigate the experience of these clinics up to now and to raise the question of whether such traveling clinics, even when they are permanent, represent the best organizational and administrative unit to carry clinical services to non-metropolitan areas and small towns away from the main clinic.

Certain discrepancies between the requirements made of a community and the requirements it would fulfill and the way it could fulfill them were evidenced early. In the first place, many of the rural communities simply do not have the social work facilities which a clinic demands. Trained case workers are infrequent, few courts have professionally trained probation officers, and schools seldom make provision for any sort of field workers, visiting teachers, etc. Hence, interested probation officers, school nurses, and others, are accepted for case work. Various plans for physical examinations were tried. Once in a while the psychiatrist of the clinic would do the examination; in some communities the local physician would volunteer his services, and in other the county physician has been used for work that has been financed by the local relief agencies. Besides having to depend upon untrained workers for certain of the facilities, there were other problems: lack of finances, conflict between the various community agencies aggravated by having one agency being chosen the clinic's representative and because of competition being unable to coordinate the efforts of the other agencies, unsatisfactory referrals, and rather frequent complaints that the clinic's recommendations were not practical and the sessions not frequent enough.

Though in all communities there are a number of people who are enthusiastic about the work, these are for the most part trained case workers who find the service useful or professional people who desire concrete recommendations. To the untrained social workers in the community, the clinics were

viewed as a potential threat and so, too, were any suggestions that the psychiatric social workers be employed locally to carry on treatment work

In California, where demonstration traveling clinics were attempted, the results and findings have been similar to those in Illinois. Experiences with such clinics in Illinois have, on the whole, been extremely unsatisfactory. The County Judges relate cases of young boys sitting in jail for several months before the traveling clinic appears which, of course, is explained by the fact that no central institute or clinic can have staff and budget enough to serve an entire state. Besides this, the organization is too cumbersome and slow to serve when service is highly needed. To the state legislator and to the communities, this arrangement of traveling clinics sounds as if clinical service would be available in any locality at any time, in reality, of course, this is not possible

One investigator found that even though a psychiatric case worker preceded the rest of the clinic staff to a locality and remained a day or two after the clinic had left, the same complaints appeared that there was not enough time allotted for discussion and supervision. It appears then that with more clinics, having more time per patient and fewer patients per clinic, their schedule might be changed to take care of a difficulty such as this one. However, mere diagnosis without treatment is useless. Traveling clinics which spend two or three days in a locality, and in localities having widely different facilities, both in kind and in amount, cannot possibly make concrete practicable recommendations for a particular patient. Further, the turnover in psychiatrists who receive in-service training in clinics and then go to other positions make even smaller the little carry-over in knowledge of local conditions there might otherwise be from year to year. Local workers can help to a certain extent but when political and other rivalries figure in, the possibility of effective cooperation is decreased. Furthermore, although the local communities themselves request the clinic, there are often other agencies which have been previously dealing with the case and the advent of the clinic, especially when it assumes authoritarian status as it sometimes does, is viewed by them as a criticism if not a positive rebuke to the former method of handling the case. Whether criticism actually exists or is justified is not so important as the fact that this impression *definitely injures a cooperative and helpful attitude on the part of those agencies who are to be entrusted with the actual treatment work.*

Our discussion thus far has aimed to be representative rather than exhaustive in its presentation of the organization and administration of child guidance clinics. We have tried to show the factors which determine organization and the problems that are involved in the administration of a clinic that is to render effective satisfactory child guidance service. No attempt has been made to suggest solutions of these many problems; solutions are always subject to the same limiting conditions as the regional organization which first discovered the difficulties. The limitations of space have not permitted mentioning

the many revisions and improvements that have been made in practice as a result of day-to-day experience.

Yet, being intimately connected with child guidance both in my work and through my interest in the program of the State of Illinois, it is inevitable that I would have my own pet theory on a method of logical extension of child guidance service to non-metropolitan areas. Perhaps because the historical line of development has stressed a clinic as the unit of child guidance, we have not thought of other possibilities by means of which competent child guidance service could be rendered. Even in the schools, when guidance service was indicated, the form of organization thought of was a clinical department serving an entire system. With rural or non-metropolitan schools a complete advisory bureau superimposed on the regular school system is probably as unfeasible as a traveling clinic for the community. In addition, though demonstration clinics are a step away from paternalism and a step toward individual community responsibility, the history of traveling clinics has probably shown that certain communities will never achieve independent support of their own clinics, if only from the viewpoint of the expense involved. However, inasmuch as central financing and support is undesirable as fostering paternalism, and is also undesirable because the best guidance service arrangement is indigenous, the solution would be to reduce the size of clinical unit to the point where it can be supported by the small local community without being an excessive burden.

My own opinion in the matter of child guidance service in smaller communities and rural areas is that the local school system should be the basic organization.⁸ Not only is it an already existing organization but in addition it comes into contact with every child in the state; contact is established at a relatively early age and since the child remains in school at least eight to ten years, such contact is a continuous and long-time matter. The basic clinical unit in the school is the individual school psychologist. It is a small, efficient and practical unit. It does not require a special source of revenue for its establishment; it does not require large scale community cooperation devoted to its maintenance as a separate project. A school psychologist could be added to the school staff with just a little more administrative organization than would be required to hire a new teacher. He would, in fact, be considered a new type of teacher—an adjustment teacher.

This kind of an arrangement should have several obvious features in its favor. In the first place, the psychologist would be directly responsible to the superintendent and would be an integral part of the school system. He could not be considered as an outside agency coming in to oversee and perhaps criticize the efforts of the school administrators. Since he would be present in a service capacity for the use and help of teachers, a great deal of reticence and

⁸ Martin L. Reymert, "Child Guidance Clinics and Prevention of Juvenile Delinquency," *The Welfare Bulletin*, 33, 1, 1942, pp. 4-6. Illinois State Department of Public Welfare, Springfield.

possible hostility might thereby be avoided. Working daily, side-by-side with the other teachers, there is an excellent opportunity for discussion of particular cases and for a really effective educational program with teachers that cannot be effected through casual annual or semi-annual contact.

Then, too, a school psychologist who was a resident of the community would get a better and more intimate knowledge of the facilities and possibilities of the community for treatment services. His recommendations could be made more specific and practical and possible of fulfillment. This is a very important consideration when we realize that in 40% of the cases diagnosed by one large clinic, which is probably representative, the recommendations were never carried out.

The long-time continuous contact of the school psychologist with the child is another feature in favor of rendering practical recommendations. The child continues at school, the case is virtually never "written off" the books and the follow-up service is equally continuous. Furthermore, since the psychologist can maintain almost daily contact either with the child or with his teacher, the progress of the treatment program can be followed very closely, and changes or revisions instituted as events indicate that such are desirable.

Since he is part of the school administration which represents an already established agency in the community, he can take full advantage of the school's connections with all other established social agencies in the community. In regard to educating the community in the use of child guidance service, his position would also be more favorable since the education would be carried on gradually by a method of "peaceful penetration" rather than by the "high pressure" necessary to a traveling clinic whose time is divided among many communities and strictly limited with any particular one. Since the service would not be merely a three or four-day venture after which it would disappear until the next clinic date, there would be opportunity for the unhurried consultation and discussion of cases and recommendations that seem so earnestly desired.

Since the psychologist would be handling "school" cases rather than "court" cases, this would probably put the clinical guidance facilities in a better light and make not only school teachers but parents as well more inclined to avail themselves of the service. There is no serious question but that court referrals, in which both parents and child come to the clinic under a none-too-subtle pressure, have their chances of successful treatment minimized since neither the parents nor the child are in a situation where good rapport is probable.

Another definite advantage, even over the large, well-staffed, urban clinics is the fact that the school psychologist is always at school and always in contact with the teachers in a favored position to "spot" any incipient difficulties. Since any incipient maladjustment in the child is almost invariably reflected in the school situation if it does not actually have its source there, a very large proportion of the problems could be "spotted" early. Furthermore, all mal-

adjustment is a progressive developmental process. Treatment can be undertaken with the greatest hope of success in the early stages. It is just this kind of early treatment that the school psychologist would be in a position to give. This school psychologist comes to the child rather than the child having to come to him. From his training, he will know when other specialized service is necessary in connection with physical disturbances, prepsychotic tendencies, faults of vision, hearing, speech, etc.

Certain shortcomings in this plan perhaps appear obvious from the start. Competition, instead of being between agencies, might be between the psychologist and teachers, or the "bad" pupils might be dumped onto the psychologist with a "thank-goodness-that's-off-my-hands, now-see-what-you-can-do" attitude. This need not be the case, however, if the psychologist is introduced and maintained as an aid and consultant to teachers instead of a limbo for their incorrigibles.

Another possibility is that the psychologist may not be able to maintain his guidance status distinct from the inevitably authoritarian status of the school which would make him suspected by the pupils and equally suspected by the teachers who might not at first approve of recommendations which give the pupil more freedom instead of effecting greater repression. Or a school officer lacking understanding of the aim of child guidance (i.e., adjustment of the pupil in preference of maintenance of school authority and discipline) might reduce to comparative ineffectiveness the efforts of the psychologist. However, such problems are common to any clinical situation and not particular to the school psychologist plan.

It might be noted here, however, that a school psychologist cannot hope to "invade" a school system, take the knowing air that everything up to this time has been well-intentioned but ineffectual and assume that with god-like clairvoyance he is going to show them how things should be done. Such an approach has within it the seeds of its own destruction. Rather, the service aspect of the psychologist as a competently trained specialist should be emphasized. Insofar as possible, he should limit himself to the field of his specialty, neither trying to tell teachers how to teach, nor principals how to administer their office. With just an ordinary amount of social intelligence and understanding, the psychologist's adjustment to the school system should be simple and rapid.

There are many instances of where a psychologist has been employed in a school system. The Sioux City (Iowa) Public Schools employ a psychologist who divides his time between the schools and the court. The court work is done in a consulting capacity. All children under sixteen appearing before the court are seen by the psychologist for psychometric and other tests. When the case is tried, the psychologist is available for consultation with the judge and together recommendations are worked out. The work at the school is divided in two parts. In the first place, the psychologist is "on call" at all times whenever a behavior problem, personality difficulty, etc. arises in the

school The child is interviewed, given any tests that seem necessary, conferences are held with the parents, teachers, principal, and a constructive program evolved In the second place, the psychologist supervises education in the "opportunity rooms," where children maladjusted to the regular school routine either because of intelligence or other reasons are placed The intelligence testing program is also supervised by the psychologist.

In the state of Iowa, Davenport also has a school psychologist, and the city of Des Moines, through the Pupil Adjustment Department, has two or three psychologists rendering services to the public schools of that city

In Dayton, Ohio, the psychological testing department of the Dayton Public Schools is a part of the personnel division and is sponsored by the local Board of Education. There is one psychologist and an assistant, whose duties have expanded from the giving of Stanford-Binet tests in isolated cases to a somewhat extensive service used primarily by the schools but also by case working agencies and juvenile court when school-age children are involved The administration has favored the growth of this department and plans to enlarge the staff as the need arises Meanwhile, it is understood that the work must be exploratory rather than comprehensive Individual cases are studied at the request of the visiting teachers, principals, or parents. These are limited to the use of various diagnostic tests for the most part, since the Dayton Guidance Center has more complete facilities for a thorough study of the case which in this instance is more clearly in its domain However, this instance brings out very well the "spotting" function of such a school psychologist.

Hence, if clinical facilities are to expand throughout the nation and if they are to expand soon and to a degree where competent child guidance will be available to all communities at a cost they can meet, I advocate as the clinical unit, the individual school psychologist From this a clinic may easily and naturally grow according to the increasingly felt needs of the local community

I am happy to have personally been a part of such clinical development in Illinois through my connection with the Advisory Board for the Illinois Division for Delinquency Prevention, Illinois being the only state in the Union where juvenile crime is being combated on a statewide basis through legislative appropriation and administrative set-up. This Division, which has its headquarters in the capital and is an integral part of the State Department of Public Welfare, has a Superintendent with staff and up to now seven "field supervisors" (these are trained social workers, clinical psychologists, and recreational workers), the state being divided in districts more or less according to state normal college areas Briefly speaking, the Division was charged by the State Legislature with the duty of state-wide reduction of juvenile delinquency, being a process of education of the local communities. These communities are to be made aware of their own problems through a survey of recreational and clinical services available for the child and local conditions which might contribute toward delinquency This work of the Division usually

results in the setting-up of a local community council for the prevention of juvenile delinquency, which council can then draw upon the Division for continued help, advice, and follow-up work. Space will forbid going into details about the administration of this highly interesting attempt but what is of interest here is that the Division should do no clinical work itself, never become another "case work" agency in the state, but should have case work facilities from the Institute for Juvenile Research and other state-supported clinical agencies.

In meeting practical problems, the Division soon found more need for clinical services in the districts than could adequately be cared for by any central clinic. Therefore, upon my recommendation, our field supervisors are now advocating in the various communities the employment of a local school psychologist which may serve one or several surrounding smaller school areas. One definite recommendation has also been the attachment to the county school superintendent's office of at least one competent school psychologist.⁹

In this entire discussion, I have tried to trace the development of the different forms of organization and administration of child guidance clinics, have endeavored to show the factors which determine and materially affect clinical organization and have tried to indicate some of the problems in organization and administration that are encountered by the various kinds of clinics in their actual service experience. While of course the kind of personnel should be determined by the definite program set up for each individual clinic, we find that an unequal distribution of the various professional workers, such as psychologists, psychiatrists, sociologists, social workers, recreational workers, etc., is apparent in the clinics over the country. Where the problem is that of reduction of juvenile delinquency, this problem being primarily of a sociological nature, next of a psychological nature, there should be a preponderance of sociologists while the psychiatrist should come in for the small percentage of all pre-psychotic or neuropsychiatric cases. For programs concerned exclusively with the school system, the clinical and school psychologists should be the main workers. In order to get the right balance of personnel in a state clinic with a definite program, I have even proposed, in order to eliminate the possibility of bias in number and kind of personnel, that a well-qualified business man be the Superintendent and that the clinical divisions be on line with one another to be called upon for their various services.

Through this little exposition of clinical administration and organization, it has occurred to me, time and time again, that the clinical work as being executed in the United States to a large extent misses what I consider should be its main service, i.e., the detection at an early age of the oncoming citizen of incipient behavior and personality difficulties and therapy applied at this stage for preventive purposes. It may be a suggestion then that clinics should

⁹ Readers interested in knowing more about this may write to The Division for Delinquency Prevention, 1007 Myers Building, Springfield, Illinois

not limit themselves to referrals, as is now usually the case. They should rather institute a program of finding such cases from the first grade child on. In this way, we should have a program for our clinics which would suit the old adage, "An ounce of prevention is worth a pound of cure."

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CHILD GUIDANCE PROCEDURES

By

LOUIS A. LURIE

DIFFERENT types of procedures are employed by various guidance clinics in studying personality difficulties and behavior disorders of children. In order to understand the reasons for this multiplicity of approaches, it is necessary to review briefly the wide differences in the orientation of various child guidance clinics

To quote Witmer "Psychiatry, like other arts and sciences, is not a single universally accepted body of theory and practice. Instead, there are several schools of thought whose hypotheses regarding the nature of mental functioning differ radically and lead to diverse attitudes and practices with respect to the selection of patients and their treatment. One group for instance, in dealing with mental disorders thinks in terms of diseases of specific organs, another sees habit disorganization as an important element in the problem, while a third proceeds from a theory of instincts and accompanying emotions. In studying the activities of any particular program of child psychiatry, therefore, the nature of its basic assumption must be taken into account, for the types of children that are sought as patients and the services rendered to them are logical—if not always deliberate—derivatives of a theory of psychiatry."*

In this connection, the names of Adolph Meyer, Sigmund Freud and Alfred Adler immediately come to mind. Adolph Meyer's basic contribution to the study of psychiatry in general and to child psychiatry in particular, was his emphasis on the need for the study of the total situation in order to understand human behavior. He decried the division of the individual from the physical standpoint into "body" and "mind", and also the dualism of "individual" and "environment." According to Meyerian doctrine behavior represents the reactions of the individual as a whole. The totality of the situation includes both the individual and his environment.

Freud, on the other hand, stressed the dynamic influence of the emotions on human behavior. He showed conclusively that all behavior whether normal or abnormal was purposeful, but that its motivation was often at the unconscious level. Above all, Freudian psychology emphasizes the tremendous role

* *Psychiatric Clinics for Children*—Witmer, H. L. Commonwealth Fund, New York, 1940.

played by the sexual urge with its attendant emotions in the unconscious motivation of human behavior.

The Adlerian school advanced still another theory. According to Adler every individual has a striving for a goal. The striving for this goal is expressed in terms of behavior. Failure to attain this goal, which may be due to an organ deficiency or defect, will lead to the development of feelings of inferiority and insecurity. The individual may try to conceal these feelings in various ways—for example by compensating with feelings of superiority or by the development of a neurosis. In this manner, it is possible to explain many deviations in human behavior.

Not only do child guidance clinics differ in their psychiatric point of view, but their aims also vary. Some are chiefly concerned with reducing the number of institutional admissions. These clinics realize that many adult forms of psychoses have their roots in psychopathological states existing in childhood. Hence, early detection followed by appropriate treatment may prevent the later development of psychotic manifestations. Others are primarily concerned with the study of the young delinquent in order to prevent, if possible, his later development into a full blown criminal. Still other clinics are concerned chiefly with the study of the emotionally handicapped child.

According to the workers in the latter type of clinic, "Experience has shown that such difficulties are not confined to children who are delinquent, unmanageable, 'queer,' or addicted to 'bad habits.' There are many children whose maladjustment is not so obvious but who nevertheless are kept from the full utilization of their capacities by doubts and conflicts and unnecessary fears. In fact, it is held by many that the chief service of psychiatry (and child guidance clinics) lies with such children for many of the more severely maladjusted are reacting to external situations and inner stresses against which psychiatry has little to offer."

This attitude has led to the placement of undue emphasis on psychoanalysis and psychoanalytic therapy in child guidance work. Psychoanalysis in its explorations of the human mind has formulated many highly fascinating theories regarding human behavior and personality development. As a result, the tendency has been to overemphasize this procedure at the expense of other equally fundamental and important procedures, especially those which elucidate the role played by various constitutional factors, such as glandular, metabolic, neurologic and somatic. To the non-medically minded child guidance workers who are not "physiologically oriented" (psychologists and psychiatric social workers) the psychoanalytic approach is of course most appealing because in the first place it is far easier to understand and in the second place it is very intriguing. For these reasons, psychoanalytic procedures dominate the work of many clinics. The psychodynamic interpretation of the behavior difficulty

* Psychiatric Clinics for Children—Witmer, H. L., Commonwealth Fund, New York, 1940

is apparently the desired goal with the additional emphasis on the value of the psychoanalytic process as a simultaneous therapeutic measure.

No sweeping or general condemnation is implied by these statements, but as aptly stated by Stevenson* the time has arrived to "develop a critical diagnostic and therapeutic eclecticism to replace the single-trackedness" of any particular therapeutic device. He goes on to say that "a part of the single-trackedness of current interests is the prevailing tendency to ignore endocrine, nutritional, neurological, fatigue and other such factors." Some balancing influence is necessary if child guidance work is to develop healthily and not be wrecked by adherence to this or that single approach no matter how fascinating and intriguing.

Furthermore, in any discussion of this subject, it is essential to differentiate between diagnosis and therapy. Diagnostic and therapeutic techniques are not necessarily identical. Some of the confusion in this connection is probably due to the fact that therapeutic measures are very often an integral part of the diagnostic study. For example, during the process of psychoanalysis, the individual may not only reveal facts that are of the utmost importance from the diagnostic standpoint but may also be automatically receiving the benefit of psychotherapy. Unfortunately, the present day tendency seems to overemphasize therapy and to make it synonymous with the entire child guidance procedure. Needless to add, child guidance technique embraces more than therapy, and furthermore in this branch of medicine as well as in medicine in general, diagnosis must precede therapy.

As far as the fundamentals of procedure in child guidance work are concerned, the approach must be the same no matter what school of psychiatric thought is followed. It must emphasize the key note laid down by the White House Conference on Child Health and Protection,† namely that "although, in seeking to know and eradicate the causes of delinquency it is necessary to study all those elements of the delinquent's physical and social environment that may have been provocative of the difficulty, the central problem is *inevitably the child himself*. Delinquent acts are but symptoms of deeper stresses and difficulties. It is as futile to make these acts the center of our interest as it would be to treat primarily what is merely a symptom in a physical disorder. In a maze of conflicting theories, there yet remains the fact of the psychiatrist's real contribution to the problem, namely the conception that the act itself is but the natural and expected sequel of some deeper trouble. We cannot understand the deeper trouble and arrive at a sound method of dealing with it unless we understand the child himself . . . It is to the child himself to whom we must direct our study." This does not imply that we "should look upon the child as a sort of isolated specimen somewhat affected, it is true,

* Stevenson, G. S., Mental Hygiene of Childhood, The Annals of the American Academy of Political and Social Sciences, November, 1940.

† The Delinquent Child—Sec. IV White House Conference on Child Health and Protection, 1932.

by his environment but fundamentally a separately functioning biological organism. We still see the child himself as the key to our approach but we recognize that he is (as represented by his behavior) the product or expression of the action and reaction between himself and his total milieu." These principles apply not only to the study of delinquency, but to the study of all forms of behavior disorders of children.

Unfortunately many child guiders while agreeing with the principles here expressed, feel that it is principally the emotional side of the child that is important. Hence, very little stress is laid on the physical aspects. Oftentimes this overemphasis on the emotional and psychological aspects is not voluntary but due to weaknesses inherent in the set-up of the child guidance clinic itself. *The average child guidance clinic is lacking both in personnel and in facilities to carry out intensive medical investigations. Only a brief time is allotted for the physical examination with the result that this examination is as a rule very cursory.*

In order to overcome some of these difficulties, child guidance homes where residential study of children can be carried out have been established. As a rule, these are built in close physical relationship to a medical hospital. Those in charge of the child guidance activities can thus avail themselves of the diagnostic facilities of the hospital and bring them to bear on the problems presented by the child. Under such conditions, an eclectic approach is not only possible but very feasible.

In all these discussions there have been many references to the term "behavior". This term needs to be defined in order to better evaluate the correct mode of procedure to be used in child guidance work.

According to Herbert Spencer "Life is the adjustment of inner to outer relations." Life or living expresses itself in behavior. Hence behavior can be defined as the overt expression of the individual's attempt to adjust to his environment. *An individual's behavior is the product therefore of the action and reaction between himself and his total milieu. Since both the individual and the environment are constantly changing, his behavior must perforce be also constantly changing. That is why life is dynamic and not static. Behavior is in a constant state of change or flux. It can be likened to a chemical reaction that never reaches a state of equilibrium because of the constant qualitative and quantitative changes in the reacting agents.*

If an individual's behavior is such that it is not acceptable to the group of which he is an integral part or is such that it does not permit him to live happily or successfully within that group, we have a right to assume that something is wrong either with the individual himself or with his environment or with both. In other words, the factors producing the pathological behavior are resident either in the individual himself or in his environment or in both. Hence the need for studying the total situation.

The procedure for study about to be described is that in use at the Child Guidance Home of the Jewish Hospital in Cincinnati. This institution was one of the first residential homes for the study of behavior and personality disorders of children organized in this country. It has always stressed diagnosis because of the feeling of those connected with it that therapy in order to be successful must rest on a foundation of sound diagnosis. To achieve this purpose a method of procedure has been devised that permits of a most thorough psychophysical examination of the child as well as of a most intensive and detailed study of his personal and social environment. While this method is from the nature of the case not applicable in its entirety to the average outpatient child guidance clinic, nevertheless, it is the method of choice and should be emulated as much as possible by all guidance clinics.

The method in brief is as follows. Every child admitted for observation is immediately referred to the pediatric service of the hospital where a very thorough physical check-up is made. This includes a routine physical examination with its attendant laboratory tests (urine, blood, nose and throat cultures, tuberculin test, etc.) as well as a neurological, endocrine, visual, dental, otolaryngological and audiometric examination. In addition, roentgenograms of the heart, lungs, sinuses, skull and centers of ossification are made routinely in every case. If the medical findings from these various examinations are such as to warrant further special investigations, consultation is obtained from the medical and surgical services. Whatever special examinations may be indicated are thereupon carried out. These may involve elaborate and intricate laboratory procedures such as determination of blood cholesterol, blood calcium and phosphorus, quantitative determination of urinary androgen and estrogen, glucose tolerance tests, liver function tests, pneumoencephalography, electroencephalography and many others. The child thus receives the benefit of diagnostic group medicine. Very often it is only by means of such an intensive medical study that it is possible to determine the true physical status of the child.

It is surprising what a wealth of material directly applicable to the correct understanding of the behavior of the child under observation will be elicited as a result of such a thorough examination. The casualness with which the physical examination of the problem child is often treated in child guidance procedures is startling. Very often the medical findings are reported with extreme brevity and no details are given regarding the extent or thoroughness of the examinations. The implication given by these reports is that everything physical has been ruled out. Unfortunately this is very often not true. As stated previously, this situation is partly due to the fact that most child guidance clinics have neither the personnel, nor the time, nor the facilities for thorough medical examinations, and partly due to the fact that many child guidance clinics are concerned chiefly with the psychodynamic interpretation of the child's behavior. To child guiders so minded, the medical findings unless glar-

ingly patent and outspokenly pathological, are of very minor importance. There may be a valid excuse for some workers in this field adopting this attitude. This applies especially to social workers, psychologists and educators who, not having been medically trained, find it much easier to understand the psychodynamic interpretation of human behavior based on psychoanalytic concepts. These are much more easily understood by the lay person than the results of liver function tests, glucose tolerance tests or electroencephalograms.

It may well be asked, "Are such expensive and time consuming medical examinations essential and worth while?" The answer is emphatically in the affirmative. It can almost be stated as a truism that the more detailed the medical examination, the more evident the importance of the role of endogenous pathological factors in the causation of behavior problems and personality disorders of children will become. Too often, social worker as well as psychiatrist are prone to jump to conclusions from data presented in the social history. The factual material regarding the environmental influences and the personal and interpersonal family relationships may be so pointed and applicable to the problem under discussion that the need for a thorough physical examination may appear unessential if not entirely unnecessary. It is in just such cases, however, that very often the medical findings may shed an entirely different light on the problem.

As an example, the following case report may be cited. Mary H., a girl of 18 years, 6 months, was referred to the Child Guidance Home for observation because of "nervous spells." This condition had been noticed since the girl entered high school three years before her present admission. The onset coincided with the beginning of the menarche. The teacher at the school which Mary attended described the nervous spells as follows: "Sometimes she would just barely get to school when she would require immediate care in the emergency room of the school. She would beg not to be sent home, saying, 'Things are so bad at home and poor grandma can't help it. I don't want her to worry any more than she does now.' Several times during that year, the teacher literally put the child to bed for the day and has had nourishing food brought to her from the school cafeteria. Only on one of these occasions did the teacher feel that Mary was, in the least, pretending.

"Mary Jane's nervous disorders took the following several forms on different occasions, and sometimes all the nervous habits seemed to be going on simultaneously. She sucks her thumb, or perhaps two or three of her fingers, a great deal of the time. She bites her finger nails quite close. Frequently she sits clicking a short nail on the edge of a front tooth. Sometimes she will sit for a whole period with four fingers of one hand or the other cupped far into her mouth over her lower front teeth and intermittently pull outward very strongly on her lower teeth. While this is going on, her entire body also seems to be in movement, restless, jerky little tossings of the feet, knees, elbows, shoulder, and head. Sometimes, after a few minutes of all these simul-

taneous 'goings-on,' she will jerk hard all over, almost throwing herself off her chair. This usually startles the students around her and when she notices this, all the habits cease for a few minutes. Then gradually they return as she settles down to study again. Usually the first to return is the thumb or finger sucking, which sometimes consist just of holding the finger in the mouth and sometimes of an energetic sucking like an infant sucking on its bottle. The strange part of this is that although Mary Jane frequently disturbs other students by these habits, she herself seems to go right on reading, or working on her lesson. Occasionally when she comes to the third stage of jerking hard, she will become disgusted, lay her head on her desk and just suck her hand the rest of the period. Once in a while she has fallen asleep doing this."

The teacher very often has walked past her seat and gently attracted her attention, usually by a smile or a slight touch on the shoulder. Rarely has the teacher actually called Mary Jane's attention to the habit itself, but hundreds of times she has distracted her attention by sending her on errands, etc. However, on one occasion, Mary Jane told her teacher of all the things she had done to break herself of her hand sucking. When she was in the City General Hospital for an appendectomy, her hands were tied so that she could not move them as far as her mouth. Being in a ward, she keenly resented the embarrassment which this caused her. She herself during her sophomore year tried putting quinine on her fingers, wearing gloves at night, etc. Sometimes she seemed to be much better for periods of two or three months, but sooner or later the nervousness would start all over again.

The teachers as well as various members of the family felt that these nervous spells were due to the economic stress and to the emotional pressures to which the girl was subjected in her home. The girl's father, a man of 60, was a chronic alcoholic who worked intermittently and was a very poor provider. In addition, he was physically very abusive to his family and assumed no responsibility either for the care or discipline of his children. He had never shown the patient any affection. The mother, age 45, is retarded mentally and is emotionally very unstable. She was never interested either in her home or her children, whom she neglected. She had a violent temper and when angered, whipped the children severely. She paid no attention to their physical needs and gave them very little affection. Following a hysterectomy, she had an acute psychotic episode. After 15 years of married life, she deserted the family and lived illicitly with a blind man. She has never returned to the family.

Of the siblings, an older brother is an epileptic, and an older sister has been diagnosed as suffering from schizophrenia. The sister is also a prostitute.

On her arrival at the Child Guidance Home, Mary appeared shy, ill at ease and unhappy. A tremor of the entire body was noted. This was most marked in the left shoulder and right hand. Her hands twitched constantly, the muscles of her face jerked and the eyelids fluttered intermittently. After she became accustomed to her new surroundings, the tremors subsided considerably. How-

ever, if called suddenly, she would begin to jerk violently again. The girl admitted that at times she could control her nervousness, but at other times was unable to do so. She could give no reason for this. She admitted that during her freshman year at high school she had seen a boy having an epileptic seizure. This had upset her a great deal and she had to remain in bed for 6 weeks.

At night she was extremely restless and threshed around in bed all night long. She said that she had terrible dreams. No evidence of visual or auditory hallucinations could be elicited. The girl was very sensitive and extremely emotional and unstable. Hysterical episodes were of frequent occurrence. Her moods changed rapidly and were completely unpredictable. In spite of the terrible home situation, the girl claimed that she was not particularly unhappy. She knew a lot of girls who were worse off than she was.

The involuntary movements were observed during the abandon of play, during sleep and while in a state of partial hypnosis. The movements were always the same and could be easily differentiated from those seen in chorea, chronic athetosis, in paralysis agitans or in postencephalitic Parkinsonism.

The general physical examination including the routine laboratory tests was negative. The neurological examination revealed the following: The pupils were round, equal and reacted fairly well to light and accommodation. There was no nystagmus or exophthalmos. The right eye failed to converge. There was marked blepharospasm with questionable oculo-gyric crises under tension. The tongue deviated to the right with a coarse tremor. All the tendon reflexes were present and greatly exaggerated. The plantar reversals were normal. Bilateral ankle and patellar clonus were present. All the characteristics of hypertonicity were in evidence. The tremors were generalized and a marked overflow into every muscle of the body occurred under the slightest stimulus especially of an emotional nature. Even when she was relaxed, spasticity of all her movements was still present. This even involved her speech which was slurred. There were no paralyses but some of the smaller muscles on the dorsum and palmar surfaces of the right hand as well as the left trapezius muscle were atrophied. The characteristic "Flugel-schlagen" movements were easily elicited.

Ophthalmoscopic examination failed to show the presence of a Kayser-Fleischer ring. The fundi were normal.

The bromosulphophthalien test for liver function was also normal.

On the psychometric test, the girl received an intelligence quotient of 111, ranking her as above the average in intelligence. On the social maturity test, however, she ranked as dull normal, obtaining a social quotient of only 86.4.

In view of both the hereditary and the neurological findings a diagnosis of hepatolenticular degeneration or Wilson's disease was made. A very poor prognosis was given. Subsequent events have borne out both the diagnosis and prognosis.*

*The girl is at present in a chronic disease hospital. Her physical condition is very poor, the girl being even unable to feed herself. Mentally she is deteriorating very rapidly.

On the basis of the vicious home and environmental situation and the general characteristics of her so-called nervous spells at schools, it is easy to understand why the kind-hearted teachers felt that the girl's condition was entirely of a functional nature. The emotional stresses and strains to which this girl had been subjected all of her life apparently could have easily produced the condition described. It was only after careful physical and neurological examinations in addition to careful observation of the girl's behavior while at the Child Guidance Home that it was possible to differentiate between that which was purely functional and that which was basically organic in nature.

True such conditions are fortunately very rare. However, there are many other physical conditions not so rare, that are also provocative of conduct disorders of children. The child psychiatrist must search for them irrespective of what type of therapy his forte may be. If during the course of the examination a child is found to be suffering from latent tuberculosis, or from an endocrine disorder, or from neuro-syphilis, it does not necessarily follow that there is a causal relationship between the particular pathological state and the problem presented by the child. However, these pathological states may and often do play important roles in the causation of pathological behavior. For example, the general incidence of endocrine disorders among the children studied at the Child Guidance Home is approximately 25%. In ten percent of these cases the endocrinopathy appeared to stand in a causal relationship to the behavior problem presented by the child. This percentage is large enough to warrant the statement that no study of a problem child can be considered complete unless it includes a thorough endocrine examination.*

Therefore, when confronted with a child who is presenting a behavior problem be that problem failing in school, wetting the bed, or stealing, it is extremely important that our reaction should be that we are dealing with a child who may be sick in the purely medical sense, and our approach should be guided by that principle. This means that our approach to the problem should be the same as if the child had been brought to the clinic with the complaint of fever, or rash, or pain in the chest. To the alert physician, all sorts of possibilities present themselves immediately for differential diagnosis, necessitating careful history taking and painstaking physical examinations.

The same technique should be applied to the study of the behavior disorders and personality defects of the problem child. The presenting symptom or chief complaint of the problem child, like the presenting physical symptom, offers a challenge in differential diagnosis. In the practice of medicine, it is manifestly unfair to the patient to make a snap diagnosis on the basis of the presenting symptom alone. Similarly in child psychiatry it is also unfair to conclude from the chief complaint alone the nature of the factors involved in the conduct disorder. Enuresis in a child may offhand appear to be entirely

* Lurie, L. A., Pituitary Disturbances in Relation to Personality—Proceedings of the Association for Research in Nervous and Mental Diseases, Vol. XVII, December, 1936

a problem of chief concern to the internist, but intensive observation may very often reveal psychiatric and psychological implications. Similarly, stealing as a chief complaint may tend to be viewed as purely a sociological problem. However, a study of the total situation may reveal significant medical factors.

That this is being recognized more and more can be seen from the development and growth of the psychosomatic movement. This approach to the study of human behavior and the human personality is the direct outgrowth of the realization that the psychodynamic interpretation of human behavior has tended to recreate or re-emphasize the old concept of the duality of mind and body. The psychosomatist stresses the unity of the soma and psyche and points out that psychic mechanisms may produce somatic symptoms and conversely that physical disturbances may produce psychopathological states. The reversibility of these reactions has been beautifully demonstrated in the research on bronchial asthma, gastric ulcer and hypertension.

Psychological and psychometric tests are important diagnostic procedures in child guidance work. A determination of the intellectual status of every child must be made. A brief discussion of the role of the psychological examination in child guidance is far more difficult now than it was even five years ago. Techniques and tests have multiplied to the point where an adequate survey would lead us well beyond the limits of the present discussion. This section is therefore limited to the more general techniques used in diagnosis. No attempt is made to deal with other functions of the psychologist in the child guidance clinic or to discuss all phases of the psychological examination.

Many behavior and personality problems seen in clinics are best understood in terms of the child's capacities and abilities in relation to the demands which his environment places upon them. Determination of this relationship is one of the first tasks confronting the clinical psychologist. Specifically, this resolves itself into two questions: How much can the child be reasonably expected to learn, and how much has he learned? While these questions are most frequently posed in terms of the school situation, they are just as pertinent to the demands of the child's family and to the general social situation in which he is forced to compete.

Intelligence tests play the major and most dependable role in making the estimation of a child's capacity to learn although other indications such as past achievement in school and out are not neglected in making this judgment. The particular intelligence test used depends on the circumstances surrounding the problem. The Stanford Revisions of the Binet Scale continue to be more widely used than any other, with the 1937 revision having probably supplanted earlier ones in most clinics.*

The problems of making a judgment of intelligence of children with physical handicaps have led to modifications of the Binet type of scale. The Hayes

* The Kuhlmann-Binet is a test that deserves more attention than it seems to have received.

Revision for the blind is an example. For the deaf, those with serious language handicaps, or those with unusual experiential deprivation, scales of the performance type* such as the Arthur Performance Scale have been developed.

Once having determined the child's capacity to learn, the next question is whether he has achieved up to expectations. Educational achievement tests, of which there are hundreds available, are the main reliance in this connection. For a clear understanding of the problem presented by any child comparison between achievement and intelligence is essential. Owing to variation in test standards this is not as simple a matter as it appears to be.

If the child is not achieving up to capacity, reasons for this must be sought. If the deficiency is in reading there are batteries of tests available to make the analysis in terms of factors which have significance in this area.

This problem of relating capacity and achievement to demands made upon the child becomes more complex for the high school youth. At his age special abilities or aptitudes, as they are usually called, have developed and these play a role in determining his achievement in special fields—the mechanical and the clerical, to name but two. Any clinic dealing with the entire age range thus finds itself facing the problem of educational and vocational guidance. Aptitude tests are available which assist considerably in making the necessary decision. Because of the integrating value of a clearly defined vocational goal, the development of the field of aptitude testing represents an important contribution to the clinics' efforts to deal with the problems of older youth.

Related to the problem of what a child can do is that of what he will do. The two are by no means synonymous. In the effort to find the area in which the junior or senior high school youth will be sufficiently motivated to work up to capacity, interest tests often effectively supplement other sources of information.

In addition to the problem related to the capacity of the child to meet the demands of his environment, clinicians are vitally interested in obtaining estimates of personality traits and in obtaining information concerning the emotional life of the child. Development of personality scales has not proved very successful, although such scales do have definite, if limited, uses. Uncommunicative children will sometimes reveal their problems; cues are obtained that can be followed up by means of the interview; and in addition problems are sometimes revealed which the interview might have otherwise overlooked.

A psychological test that is often very helpful in understanding the behavior of children is the Vineland Social Maturity Test. By means of this test, the social age of the child can be determined fairly accurately. Social maturity

* Scales of this type have a much wider usefulness and should be systematically used in the examination of children. Not only are the child's reactions to the non-verbal material often highly significant, but the significance of marked discrepancies between performance and verbal scales deserves to be studied intensively.

is expressed in terms of years and months as social age which in turn can be converted into a social quotient by the formula $S.Q. = S.A./C.A.$ The items in the scale are arranged in the order of increasing difficulty and measure the progressive maturation of the subject in self-help, self-direction, locomotion, occupation, communication and social relation in year levels from birth to 25 years. The information upon which the test is scored is given to the recorder by someone intimately acquainted with the subject; a parent, relative, guardian or in some cases by the subject himself

Very often a considerable discrepancy will be found between a child's I.Q. and his S.Q. This may explain why a child with a low I.Q. often gives the impression from his behavior of being much higher intellectually than what he really is. The reverse is also true. An interesting series of studies have been made at the Child Guidance Home on the correlation between the S.Q. and I.Q. in problem children.*¹ An important finding of these studies seemed to show that children with low I.Q.'s tend to compensate for their intellectual retardation by the development of a social maturation level greater than their intellectual level, while those with high I.Q.'s tend to overemphasize their superior intellectual abilities at the expense of their social development. This tendency to compensate was found to be true regardless of the problems presented by the children, the only exception being in the case of psychotic children.

Mention should also be made of the Rorschach Test.*² The Rorschach test attempts to probe the intellectual activity, affective processes and imaginative creativity of the child and the interaction of these on the personality as a whole. The method of the test gives the subject's reactions to a series of indefinite stimuli. Through the study of his replies and by comparing them with the so-called "norms", the examiner obtains revealing clues regarding the inner struggles of the child and their effects on his personality make-up. Because of its intricacy and complexity, the results of this test are of value only if interpreted by one who has thoroughly mastered its technique. The importance of the Rorschach test is just beginning to be realized. It is growing rapidly in popularity and may ultimately prove to be of tremendous value in child guidance work.

A very simple test that has been found quite useful is to ask the child what he would wish if he were granted three wishes. It is surprising the hidden physical and emotional deprivations, the suppressed aspirations and longings that are often revealed in the answers given to this simple question. Much insight into the child's inner life is thereby gained. For example, Douglas E., a youngster of 10, was referred to Child Guidance Home because of truancy,

*¹ Lurie, I. A., Intelligence Quotient and Social Quotient, *American Journal of Orthopsychiatry*, Vol. XI, No. 1, January, 1941.

*² Beck, S. J., Introduction to Rorschach Method, *American Journal of Orthopsychiatry*, Monograph, 1937; Beck, S. J., *Rorschach's Test*, Grune and Stratton, New York, 1944; Bochner and Halpern, *The Clinical Application of the Rorschach Test*, Grune and Stratton, Inc., New York, 1942.

stealing, enuresis and nervousness. When asked to make three wishes, he replied as follows "(1) To have my mother and father love me more, (2) to be stronger than I am now, (3) to get along better with my father and mother." This boy had developed a marked feeling of insecurity because of lack of parental love and affection. Many of his problems could be explained on the basis of the emotional deprivations and resultant affect hunger.

If the observation home is conducted along the lines of the Child Guidance Home of the Jewish Hospital, other opportunities are afforded to observe the child's behavior and thus gain greater insight into his personality make-up. At this Home every effort is made to make the child feel that he is not under duress or restraint; that he is in a home for a short period of time and that all those connected with the Home are his friends and well wishers. Although under constant supervision, this is so carefully veiled that the child feels free to be his natural self, be that self normal or abnormal. The nature of his contacts with the other children in the Home, the character of his reactions during the abandon of exciting games, the quality of his responses to the stimulus of competition give definite indications regarding his social and emotional structure. It is not long before the distinctive personality make-up of the leader, the bully, the coward, the shut-in type of individual, the epileptic, the psychoneurotic and the schizophrenic begins to manifest itself. In fact, the commingling of different types of personalities makes each type stand out in greater relief.

Simple observations such as the child's table manners or his attitude toward personal cleanliness may often be productive of interesting diagnostic material. One of the earliest observations that can thus be made is whether the child continues with the same patterns of behavior at the Home that he showed in his environment. The bill of complaints against the child may have charged that he was restless, destructive, masturbated openly and the like. However, at the guidance home, none of these symptoms may be noted. On the other hand, not only all these symptoms but even more may be discovered. Behavioral acts may be discovered that even those in charge of the child were not aware existed. This is strikingly demonstrated in the comparatively large number of children (2%) who were diagnosed as psychotic.* In practically none of these cases did the referral reasons mention any complaints that suggested the presence of a psychosis.

If daily notations are made of the reactions and attitudes of the child, the record thus obtained will give a panoramic picture of the child's behavior during the period of observation from which many important facts relative to his social, emotional and intellectual development may be gleaned, facts which may be of the greatest importance in the understanding and treatment of his behavior disorder.

* Lurie, L. A., Functional Psychoses in Children, American Journal of Psychiatry, Vol. 92, No. 5, March, 1936.

This naturally leads to the discussion of the interview as a diagnostic procedure in child psychiatry. There are many different types of interviews that are in use in different child guidance clinics. These are variously known as the direct interview, the passive interview, the psychoanalytic interview, the verbatim interview, group interviews, and the interviews which take place in conjunction with different types of play therapy.

H. A. Overstreet in his book "Influencing Human Behavior" gives the following excellent advice to the social worker: "In trying to analyze my contact with people I believe I follow three or more definite steps First I try for a 'transfer' to make the person I'm talking with feel my genuine interest in him by (a) concentrated attention with the impression that my time is his entirely for as long as he wishes, (b) establishing some bond of common interest or experience; (c) finding something about the person's looks, manner or experience that I can conscientiously admire Second, I try to have him feel my desire and ability to help or advise him, and third, I try to make him feel I believe in him and make him believe in himself "

These are excellent rules for everyone to follow when interviewing children Under such conditions, one may expect to obtain the full cooperation of the child and thus elicit many of his closely guarded secrets

The type of interview or interviews just described may be termed personal interviews as they all involve more or less the conventional question-answer method between interviewer and patient. This method is open to criticism on various grounds. In the first place, many children have difficulty in verbalizing This may be due to various factors such as innate intellectual deficiency, lack of insight, or conscious inhibitions. In the second place, children more often display action symbols than speech symbols. Finally, the child very often resents being questioned because he becomes antagonistic to the implied intellectual and emotional superiority of the person questioning him. The process of being questioned carries with it a threat which makes him feel at once hostile and insecure As aptly stated by Tallman and Goldensohn, "he resents the predatory advances of his antagonist who soon becomes not only psychiatrist but, by projection and identification, a composite of adults to whom he feels emotionally ambivalent He reacts by adopting an obvious negativistic attitude or by accomplishing equally devastating but similar results by the more subtle and psychiatrically dangerous expediency of pleasantly following the suggestions of his questioner. He agrees to all kinds of inferences, suggestions and accusations in an attempt through this kind of magic to 'keep the devil' away."*

Because of these and other reasons, types of interviewing which may be called impersonal, have been developed. Outstanding among these is the so-called "Play Technique" It would take us too far afield to describe in detail the various forms of play technique developed by different workers. For a detailed

Tallman, F. H. and Goldensohn, L. N., Play Technique, American Journal of Orthopsychiatry, Vol. XI, 3, July, 1941.

discussion, the reader is referred to articles by D. Levy,¹ J. Conn,² Tallman and Goldensohn,³ Newell,⁴ and Bender and Woltman.⁵

The basic concept underlying all forms of play technique whether used for diagnostic or therapeutic purposes is that a child is better able to recreate and express both his feelings (affect) and thinking (insight) by means of concrete actions than by means of verbalizations. His world is primarily a world of deeds not words. Hence when given the opportunity to express himself in this manner, the child will be apt to disclose his feelings and attitudes toward the personal and interpersonal family relationships in a very direct and easily interpreted manner. The knowledge thus obtained of the child's aggressive tendencies, and feelings of hostility and insecurity is often invaluable in understanding the child's behavior problem. What the child does in play is deeply symbolic and may be more truly representative of the child's inner mental state than answers obtained from direct questioning. This is due to the fact that ordinarily the play situation is so maneuvered that the child is not aware that his actions are being observed. This is especially true where the play activity of the child is observed from behind a one way screen. Under such conditions the child is free to express himself in any way he chooses without let or hindrance. Hence his behavior reactions become to the trained observer almost as significant as the statements elicited from the patient during free association.

While the methods of play technique are simple, the interpretation of the results require a deep understanding of child psychiatry. Not everyone is qualified to act as interpreter. It is not a "knack easily mastered by anyone regardless of background." No matter what medium is used, toys, art materials, or puppets, it should only be carried out by persons well grounded in child guidance work.

Although discussed last, the social history is ordinarily the first introduction to the case that the child guider receives. As a rule, the social history is obtained by the social worker from those individuals who have been closely associated with the child. It should of course contain specific data pertinent to the problem presented by the child. However, every social history should contain, irrespective of the type of complaint against the child, certain fundamental data even though such data may not appear to be germane to the problem at hand. In this way, the selection of factual social material will not be left to the discretion of the worker. There has recently been a tendency in certain clinics to discredit the very full and standardized social study as being too inclusive. A shorter and more selective history is being demanded. This is an unfortunate trend. The purpose of the social study should be to furnish as much information as possible to those studying the child in order that a correct

¹ Levy, D., *Studies in Sibling Rivalry*, American Journal of Orthopsychiatry, Monograph, 1938.

² Conn, J. H., *The Child Reveals Himself Through Play*, Mental Hygiene, XXIII 49, 1939

³ Tallman and Goldensohn, *ibid.*

⁴ Newell, H. W., American Journal of Orthopsychiatry, XI, April, 1941.

⁵ Bender, L. and Woltman, A., *The Nervous Child*, 1:17

understanding of his difficulties may be reached. Every worker who comes in contact with a problem child naturally and instinctively tends to make a diagnosis on the basis of her previous experiences with similar complaint situations. Hence, if not requested to follow a standardized form of social history she will unconsciously search chiefly for those facts in the social study that will tend to corroborate her special diagnosis or preformed opinion. In this way, many relevant facts may easily be overlooked. The history should be both "a complete record as well as an interpretation of stresses and a collection of significant facts." It should not be merely one or the other. For example, the social study which does not report the medical facts relative to the early developmental history of the child is just as deficient as the social study that does not give a pen picture of the interpersonal family relationships.

Furthermore, if social histories are to be of any scientific value, they must be more or less uniform and contain certain basic informative data. Otherwise, evaluation of and correlation between endogenous and exogenous factors become meaningless. True a certain amount of flexibility and freedom of judgment should be permitted the social worker in making the social study but no more relatively than is permitted the physician in making a physical study of a patient. Medical records that are of scientific value are those that are both exhaustive and systematic. The same applies to social records.

The simple statement that the child had an attack of whooping cough at the age of one year may be of as great significance as the report of the existence of sibling rivalry in the home. What is relative and pertinent and what is not relative and pertinent in the history can only be determined in the light of the findings of the entire diagnostic study.

What results can one hope to obtain from this method of approach in child guidance study? Everyone realizes the complexity of human behavior and the multiplicity of factors, both exogenous and endogenous that enter into it. Hence, it is most often very difficult to determine with any degree of exactness which factor or factors are playing the predominant role in any given problem case.

Because of this, the presentation of the material as outlined above is particularly valuable as it permits the evaluation of the data in the light of the total situation. A clinical picture so drawn, resulting as it does from a wholesome eclectic approach, will prevent undue emphasis being placed on any one group of factors or on any one set of data. The broadminded child guider, be he fundamentally an organicist, environmentalist, or psychoanalyst, will be able to assay all the findings in a scientific and objective manner and will thereby be enabled to arrive at a better and truer conception of the value of the physiological, sociological and psychological forces which have been operative in producing the distortion of the child's personality or his anti-social behavior.

An analysis of a child's problem based on such a procedure will furthermore be of the utmost value in the treatment of the case as it will show in which

sphere the emphasis for treatment should be placed. Finally, in this department of medicine as in every other department of medicine, therapy in order to be successful, must be based on correct diagnosis. A correct diagnosis, in turn, can only be achieved if he who approaches the task is free from bias and misconception and is able and willing to use all the tools at his command in order to search for the truth.

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CASE-STUDY AND TESTING-METHODS*

By

PERCIVAL M SYMONDS

CHILD guidance can be divided for purposes of discussion into two parts—diagnosis and treatment. The aim in child guidance is to assist a child to grow wholesomely and normally, and for the maladjusted child to regain his normal and healthy functioning. But treatment must be based on diagnosis. Certainly one would not prescribe blanket, uniform education and treatment for all children, but would cut the treatment according to the needs of the child as shown by the diagnosis. Some children may require attention to physical disorders, while the problems of others are psychological in nature. One child might profit by a change in his social environment, another may need direct psychotherapy. The needs of a child can be determined only after the child is studied.

Diagnosis consists of two steps, *description* and *explanation*. It is important to describe the child and the conditions surrounding him, but it is also important to explain how the child has developed as he has. In psychological work it has been only too common to be content with description and to neglect to provide explanations for what has been described. Psychologists have been enamored with their tests, and feel that when they report their test scores to a parent or teacher they have performed a valuable function. Actually, test scores are valueless unless one knows what they mean. If a child has an I.Q. of 90, a parent wants to know why and what can be done about it. If a twelve year old boy can read only as well as the average second grader, a parent wants to know why he is retarded in reading and how he can be helped to improve

Descriptive Diagrams

The following broad categories should be included in the *descriptive diagnosis*:

1. Statement of the problem or problems.
2. Description of the child as he is at the present time.
 - a. Physical
 - b. Mental

*I wish to express my indebtedness to Mr. Clarence A. Mahler for his assistance in preparing this chapter and for assembling its bibliography.

- c. Personal
- d. Social
- 3 Developmental history—description of the child as he developed at each stage from birth
 - a. Physical
 - b. Mental
 - c. Emotional
 - d. Social
 - e. Interests and attitudes
 - f. Phantasy life
- 4 Social history—description of the background in which the child has developed in the past.
 - a. Physical surroundings
 - b. Family relationships
 - c. School relationships
 - d. Other relationships and experiences
- 5 Social history—description of the present background in which the child now has to adjust.
 - a. Physical surroundings
 - b. Family relationships
 - c. School relationships
 - d. Work relationships
 - e. Other relationships

The major part of this chapter will be concerned with elaborating each of these items and discussing in detail methods in common usage in clinical psychology for securing these various kinds of data.

Statement of the problem

When a child is referred for study to a child guidance clinic, it is a common practice for a statement to be made concerning the problem or problems he presents at the time of referral. This statement or complaint is usually made by the person who refers the child—his mother or father, his teacher, a court, or some other agency. A very brief statement of the problem is usually given at the time the appointment is made for a consultation, whether by letter, telephone call, or personal visit. This original brief statement is elaborated later at the first appointment by the person who accompanies the child to the clinic. If the child comes with his mother, it is a common practice for a worker to sit down with the mother and ask her why she has come for help, and invite her to detail the problems which the child presents. There is no attempt to be systematic at this stage, but the worker allows the mother to make her complaint in her own words. Frequently this statement of the problem is supplemented and modified by similar statements from others, as, for instance, a school

official who also knows the child. In a thoroughgoing case study, it is desirable to make a similar inquiry among all those with whom the child comes in contact and who have dealings with him

Actually this first statement of the problem may be very partial and inadequate. Frequently a parent will complain only of the thing that is of greatest concern at the present moment and what it is reputable to make complaint of. Frequently parents are concerned over their child's school progress, and this is a highly justifiable reason for seeking help in a child guidance clinic. It is only later that it may come out, almost as by chance and as though of relatively little importance, that the child wets its bed, has temper tantrums, sucks his thumb, has pronounced fears or suicidal trends or uses obscene language. In fact, it is usual to discover several problems in addition to those originally mentioned as the study of the child proceeds.

Description of the child

To secure a description of the child from a number of points of view is an important first step in descriptive diagnosis. The child should be studied from the point of view of his *physical* functioning, his *mental* functioning, his *personality* functioning, and his *social* functioning

Physical Examination

A *physical examination* is called for in order to secure a description of how the child functions physically. Such an examination should be administered by a medically trained person, preferably by a pediatrician. Sometimes a satisfactory examination can be made by a physical education teacher or nurse, but of necessity an examination given by a non-medically trained person must omit inquiry into certain aspects of physical functioning, and one cannot be sure that the findings will be accompanied by an authoritative interpretation of their significance.

A physical examination should be given to *every* child referred for study, even when the problem appears to be strictly relating to behavior or learning difficulties. It is advisable to check to make certain that the problem is not complicated by some physical disturbance. If a clean bill of health is given, then a possibility that the problem has a physical basis is eliminated. If a physical disturbance is revealed, perhaps steps can be taken to set the physical disorder straight, and this may be an important first step in treatment. At all events, a physical examination enables the child guidance worker to decide to what degree and in what way the problem is complicated by a physical deviation.

The following outline is one that has been successfully used by a pediatrician in child guidance practice. This outline was devised by Dr. Kenneth Metcalf, and is reproduced here with his kind permission.

FORM FOR PEDIATRIC STUDY OF CHILD

A. Identifying Information

Date	Name of Child	Name of Parent
Address		Telephone
Date of Birth		Age

B. Inquiry of parent

1. Complaint

2. Family History

a. Children dead

1. Cause

b. Tuberculosis

c. Rheumatic fever

d. Miscellaneous

3. Personal History

a. Birth

1. Born at

2. Labor

3. Weight at birth

b. Sat up at months

c. Talked at months

d. Teeth at months

e. Walked at months

f. Habits

1. Appetite

2. Sleep

3. Bowels

g. Previous Diseases

1. Measles

2. Whooping Cough

3. Chicken Pox

4. Scarlet Fever

5. Diphtheria

6. Mumps

7. Tonsils

h. Immunizations and immunity tests

1. Vaccination for smallpox

2. Whooping cough injections

3. Toxoid or toxin-antitoxin injections for diphtheria

4. Schick test for diphtheria

5. Dick test for scarlet fever

6. Tuberculin test

- 1. Accidents
- j. Operations
- k. Systems
 - 1. Central nervous system
 - 2. Gastro-intestinal
 - 3. Genitourinary
 - 4. Cardiorespiratory (history of and diseases or complaints involving these systems)
- l. Feeding
- m. Present illness

C. Examination of child

- | | | | | | |
|-----------|------|-------------|----|----------------|-----|
| Weight | lbs. | Height | in | Weight for Ht. | lb. |
| Circ Head | | Circ. Chest | | | |
| | | | | in. | |
- a. General condition
 - 1. Color
 - 2. Skin
 - 3. Muscles
 - b. Posture
 - 1. Sits
 - 2. Walks
 - 3. Talks
 - c. Head
 - 1. Fontanel
 - 2. Sutures
 - 3. Cranio-tabes
 - d. Eyes
 - 1. Reaction to light and distance
 - 2. Vision
 - e. Nose
 - f. Ears
 - 1. Hearing
 - 2. Whisper test
 - 3. Watch test
 - g. Mouth
 - 1. Teeth
 - h. Throat
 - 1. Tonsils
 - 2. Adenoids
 - i. Neck
 - 1. Thyroid gland
 - j. Lymph nodes
 - k. Thorax
 - l. Heart

- m. Lungs
- n. Abdomen
 - 1 Liver
 - 2 Spleen
- o. Genitals
- p. Extremities
- q. Reflexes
- r. Skin

In this chapter a number of inquiry schedules are given. These schedules are intended to be practical working schedules. They are by no means complete or exhaustive schedules. In fact, they are on the side of brevity. A child guidance worker wishing to make a more exhaustive inquiry into any one of the areas discussed in this chapter may find more extensive schedules in the following handbooks:

- G. J. Amsden—*A Guide to the Descriptive Study of the Personality*—Bloomington Hospital Press, White Plains, N. Y., 1924.
- K. E. Appel and E. H. Strecker—*Practical Examination of Personality and Behavior Disorders, Adults and Children*—The Macmillan Company, New York, 1936.
- J. O. Chassell—"A Clinical Revision of the Experience Variables Record"—*Psychiatry* 1:67-77, February, 1938.
- G. K. Kelley—"A Method of Diagnosing Personality in the Psychological Clinic"—*Psychological Record* 2:95-111, 1938.
- G. H. Kirby—*Guides for History Taking and Clinical Examination of Psychiatric Cases*—The New York Hospital Commission, 1921.
- C. M. Louttit—*Clinical Psychology*—Harper and Brothers, New York, 1936.
- G. Murphy and C. Jensen—*Approaches to Personality*—Coward McCann, New York, 1934.
- P. W. Preu—*Outline of Psychiatric Case Study*—Second Edition—Harper and Brothers, New York, 1939, 1943.

The eyes, whose importance in reading needs no demonstration, may deserve special testing. The general acuity of vision may be tested easily by the standard Snellen cards. This does not test the functioning of the eyes. For a more detailed description of the way the eyes function in reading Betts has devised tests to be used with the Keystone Ophthalmic Telebinocular.* This instrument permits the study of each eye separately while the two eyes are functioning together so that it provides a measure of binocular functioning. The following functions are measured.

- Test 1. Simultaneous vision (used to stimulate interest)
- Test 2. Vertical imbalance
- Test 3. Lateral imbalance (far point)

* Manufactured by the Keystone View Co., Meadville, Pennsylvania.

- Test 4 Far point fusion
- Test 5. Binocular visual efficiency
- Test 6. Left eye visual efficiency
- Test 7. Right eye visual efficiency
- Test 8. Clearness of image (ametropia)
- Test 9. Lateral imbalance (near point)
- Test 10 Near point fusion
- Test 11 Stereopsis (eye co-ordination level)

It is recommended that the Telebinocular be administered by a physician or pediatrician although this is by no means essential.

Mental examination

It is customary to describe a child's mental capacities by means of specially devised mental or psychological examinations. It has been found that the description of a child's mental capacities and aptitudes is not easily accomplished by casual observation, but requires the close comparison with the capacities of other children of the same age by means of standardized tests and exercises. Mental tests fall into definite categories, which may be classified as follows:

Mental tests

- Function
 - General intelligence
 - Special Aptitude
 - Personality
 - Special skills and achievements
- Method of Administration
 - Individual
 - Group
- Nature of Test
 - Paper and pencil
 - Performance
- Medium
 - Verbal
 - Non-verbal

Of the various functions tested, that of most general interest is general intelligence. Controversy has raged over the past two decades concerning the nature or even existence of such an entity as "general intelligence". Without taking a stand on the existence of some abstract and hypothetical general intelligence, it is possible to recognize that children do differ in general brightness or capacity to learn so that one child far outshines another from the same cultural environment in ability to progress through school, to solve problems, to use a large stock of words to express his thought, etc. It is not necessary

to decide whether such differences stem from biological inheritance or are the results of cultural advantages—the fact is, such differences do exist and are important

Then it is also possible to recognize special talents and aptitudes, such as aptitude in music or art, or mechanical proficiency, or social relationships. To know an individual's proficiencies and promise along any one of these special lines is also important.

Then it is important to know how well adjusted a person is, how well he can meet the shocks and frustrations of life, how outgoing or ingrown he is, and a score of other aspects of temperament and personality.

Finally, and especially with regard to children, it is important to know how they are progressing with their school learnings and to be able to increase their skills. Probably the skill thought to be most important is reading, but skill in arithmetic, spelling, writing, the various levels of information, and problem solving ability, are not far behind.

There are tests for each of these functions. Some must be administered to one child at a time by an examiner who sits down with the child and asks him questions. These are known as *individual* tests and are usually administered orally as in an interview situation. In the individual examination, the examiner has opportunity to observe many phases of behavior and personality besides the specific question measured by the test.

But tests may also be administered to *groups* of children—a whole classroom—at a time. In such situations, the examiner reads uniform directions to the group of children, and they are usually held rigidly to specified time limits.

Mental tests may also be classified by the nature of the test. A favorite variety, especially for use in group testing, is known as the *paper-and-pencil* test. In this test the individual taking the test reads the questions, which are printed on a specially prepared blank, and enters his answers in the spaces provided. Paper-and-pencil tests may be contrasted with *performance* tests, in which the task is one involving some manual performance. In a performance test, the child may be asked to put blocks of various shapes into holes in a board cut to fit them, or he may be asked to put pegs into a series of holes.

Finally, tests may be classed by the medium used, whether verbal or non-verbal. In *verbal* tests, questions and answers are given by spoken or written language. In *non-verbal* tests, the directions may be given by pantomime, and the answer is given by making a sign or by carrying out the directions by solving the puzzle or manipulating the materials.

No effort has been made in this chapter to mention all of the clinical tests available, or even all of the good ones. In general these tests have been selected for presentation which have found the most widespread usage as determined by the studies of Brown and Rapaport, Report of the California Commission, Fenton and Wallace, and the Committee of the Clinical Section of the American Psychological Association. In a sense, therefore, the tests mentioned in this chapter represent a minimal basic list of tests for use in child guidance.

Mental tests—mixed verbal and non-verbal

All modern mental tests may be said to stem from the work of Alfred Binet, a Frenchman who lived from 1857 to 1911. Binet, with his collaborator, Simon, experimented with a large number of tests and exercises, trying them out on children of various ages and capabilities. He conceived the brilliant yet simple idea of grouping tasks according to years, and then of estimating the mental capacity of a child by the number or percentage of tasks which could be successfully performed at each age level. He found that if the series of tests were accurately graded, a child's successes would not be determined by chance, but that he would be successful with a smaller number at each succeeding age, until a series of tests at an upper age level was reached, none of which he could do.

In the original Binet-Simon scale, published in 1905, there were 56 separate tests. The method was hailed by psychologists as practical and revolutionary and immediately introduced into this country. A number of revisions were soon available. The first revision, however, to be considered as something of a standard for a number of years, was that prepared by Lewis M. Terman of Stanford University in 1916, which was known as the Stanford Revision of the Binet-Simon Scale.* In 1937 Dr. Terman, with the collaboration of Dr. Maud A. Merrill and assistance from the Social Science Research Council undertook a still more carefully standardized revision known as the New Revised Stanford Revision of the Stanford-Binet Tests of Intelligence in 1937.† This time two complete equivalent scales have been constructed, known as Forms L and M, each containing 129 items.**

The list of tests is as follows:

<i>Year</i>	<i>No. of Tests</i>	<i>Alternates</i>	<i>Credit for each test in</i>
II	6	1	1
II-6	6	1	1
III	6	1	1
III-6	6	1	1
IV	6	1	1
IV-6	6	1	1
V	6	1	1
VI	6		2
VII	6		2
VII	6		2
IX	6		2
X	6		2

* L. M. Terman—*The Measurement of Intelligence*, Houghton Mifflin Co., Boston, 1916

† L. M. Terman and M. A. Merrill—*Measuring Intelligence*, Houghton Mifflin Co., Boston, 1937.

** Materials for the Stanford Revision of the Binet-Simon Scale for measuring intelligence are sold and distributed by the Houghton Mifflin Co., Boston, Mass.

<i>Year</i>	<i>No. of Tests</i>	<i>Alternates</i>	<i>Credit for each test in</i>
XI	6		2
XII	6		2
XIII	6		2
XIV	6		2
Average Adult	8		2
Superior Adult I	6		4
Superior Adult II	6		5
Superior Adult III	6		6
	<hr/> 122	<hr/> 7	

If a child can pass no test in the scale, he is given a mental age* of 2-0, the lowest on the scale. For each successive test passed, a certain number of months is added (according to figures given on its table) to indicate the mental age. The maximum mental age possible on the New Revised Stanford-Binet is 22 years 10 months.

Mental age is a measure of mental development on level achieved. A measure is also needed of brightness or the relative development of any child as compared with other children of the same age. Binet merely described this in terms of number of years accelerated or retarded, a measure that does not hold constant with increasing age. William Stern† was the first to prepare a ratio in 1914 which he called the mental quotient, which was computed as the ratio between mental age and chronological age. Later Terman called this the intelligence quotient (abbreviated I. Q.) which is 100 for the normal child and is above or below 100 for children who are accelerated or retarded respectively in mental development. This quotient remains relatively stable for any individual child.

To obtain the I. Q. is the usual goal of a person giving the Binet test, but this is only one bit of information which the test yields. A skilled examiner becomes interested in which items the child is successful and unsuccessful and draws conclusions from them. He also learns many facts concerning the child's behavior and personality by observing his reactions during the testing session. The child's vigor or listlessness, his attentiveness, quickness, tendency to show anxiety, concern about his success, and many other factors can be a matter of observation during the testing period.

Some workers still prefer the 1916 edition of the Stanford-Binet. To be sure the revised Stanford-Binet has been carefully standardized and represents on the whole a more perfect instrument than the older edition. But there is

* Mental age is the age of the average child able to answer the same questions as the ones being tested

† W. S. Stern—*The Psychological Methods of Testing Intelligence*, p. 80. Warwick & York, Baltimore, 1914.

a greater tendency to scatter on the new Stanford-Binet, that is to make one or more failures as well as successes on a large number of levels. This is due in large part to the inclusion of a larger number of levels at both the lower and upper registers of the scale. This increases the time necessary to complete a test, and it is seldom that a test on a bright child in the upper age levels can be finished within an hour.

Although it is not generally recommended, the writer favors the use of a combination of the abbreviated and complete scales (the abbreviated scale consists of a selection—usually of four sub-tests at each level). If the vocabulary test is given first, a skillful examiner can decide at which level to start for complete successes (on the abbreviated scale). So long as a child passes all the tests on the abbreviated scale at any level, he is given credit for that year. On the level at which he first fails an item, and at the succeeding higher tests, the complete scale should be used. This procedure assists in cutting down the time necessary to administer the test without sacrificing its accuracy.

When a child is presented for study, it is customary to administer a mental test regardless of the problem for which the child is referred. There is perhaps good reason for this procedure, although it should not be allowed to become blind ritual. However, given one hour for the description of the present condition of the child, this is usually the most significant thing that can be done. If the child is referred because of a school problem, it is always wise to ascertain the adequacy of mental equipment that can be applied to the task. Even in cases of behavior or personality disorders, it is helpful to know the level of mental functioning with which one is dealing. Knowing the I. Q. solves no problems, but a knowledge of the level of mental functioning is an important item in making a case study of a child.

Performance tests

It has been found that the Binet test sometimes fails to give an accurate measure of mental level. This may be due to foreign language background of the child; or because of visual or hearing defect; or in cases in which there is a marked discrepancy, for some other reason, between verbal and non-verbal abilities. When such a child is discovered, the Binet test must be supplemented by special tests known as performance or non-verbal tests. These tests require manipulation of objects on the part of the child, and require little or no use of language, as even the directions can be given in pantomime. Form boards, that is, boards with holes in which the subject inserts variously shaped blocks, are good examples of performance tests.

The performance tests now most commonly used in this country are in essence scales based on the combination of several separate performance tests. The first of such scales to be standardized, and one which is now widely used, is the Pintner-Paterson scale of Performance Tests.

The scale most widely used at the present time in clinics is the Arthur Point Scale of Performance Tests,* and this test will be described in detail.

The Arthur Scale is provided in two forms, Form I and Form II. It is intended that Form I always be given first, and Form II only if it seems desirable to repeat the test for some reason. Form I is made up of the following sub-tests:

1. Knox Cube
2. Sequin Form Board
3. Two-Figure Form Board (Pintner)
4. Casuist Form Board (Knox)
5. Manikin (Pintner)
Feature—Profile (Knox and Kempf)
6. Mare and Foal (Healy—modified)
7. Healy Picture Completion I
8. Porteus Maze
9. Kohs Block Design

This scale can be used with children from 5 to 15, and perhaps with bright children a year younger than 5 and with dull children over 15. Scores can be converted into the equivalents of mental age from 5 years 6 months to 15 years 6 months. Some of the tests are scored by number of correct responses, some by time of response, and some by a combination of both.

In the Arthur Scale a score is provided for each test according to tables contained in the manual. These scores,—or points—may be added and by means of a table turned into an age equivalent, and, if desired, an I. Q. can be computed. Rough year equivalents can also be determined for *each* test. Consequently, the test is thoroughly standardized and easy to use.

Some of the sub-tests included in the Pintner-Paterson and Arthur Scales are important enough to warrant brief individual mention. Each of these may be given when a single brief non-language mental test is desired.

Sequin Form Board

Originally used as a method of training feeble-minded children, this is now a standard form board test with ten geometrical figures, each a block in one piece. The subject is given three trials, and the score is the time of the shortest trial. Frequency distribution and percentile distribution tables by age

* M. G. Arthur—*A Point Scale of Performance Tests*, Vol. 1, Second Edition, Revised. The Commonwealth Fund, New York, 1930, 1943.
Materials for the Arthur Point Scale of Performance Tests may be secured from C. H. Stoelting Company, 1424 North Homan Avenue, Chicago, Illinois.

are given by Pintner and Paterson¹ for interpretation. The board now generally used is known as the Goddard board.²

Healy Picture Completion Test.

This test, also a kind of form board, consists of a large picture from which has been cut ten square holes of uniform size. Fifty pictures of objects pasted on blocks of corresponding size are available from which the child may choose in order to complete the picture so that it makes sense. One block is found and inserted in the appropriate square by the examiner to illustrate the method, leaving nine to be used as a test. A somewhat intricate scoring scheme of giving credits for several blocks for each hole is proposed. The maximum of such credits for nine correct completions is 646. Arthur allows five minutes while Pintner and Paterson recommend allowing ten. Actually most children will not require more than five minutes. Pintner and Paterson give age distributions and percentile distribution by age.

The Kohs Block Design Test

This test consists of a set of 16 colored cubes. In giving the test a design made up of blocks of different colors is presented to the subject, and his task is to duplicate the design with other blocks at his disposal. Seventeen designs are prepared.

Credits are given for the completion of each design, higher credits going to the more complicated designs, and the score is the total of such credits. The maximum score possible is 133. However, penalties of one or two points are exacted for exceeding certain times. Scores may be converted into mental ages.

Knox Cube Test

The material for this test consists of five cubes. One inch wooden cubes are recommended. Four of the blocks are placed in a row and the subject is instructed to take the fifth cube in his hand and tap the other blocks according to a sequence given to him by the examiner. Before the test begins each time, the fifth block is placed directly in front of the pile before the row of four blocks and between numbers 2 and 3. Twelve sequences are given. The score is

¹ R. Pintner and D. G. Paterson—*The Scale of Performance Tests*, Tables 3 and 29, D. Appleton & Co., New York, 1917.

² Distributed by C. H. Stoelting Company, 424 North Homan Avenue, Chicago, Illinois. Catalogue No. 27156.

References

H. H. Goddard "The Form Board as a Measure of Intellectual Development in Children", *Training School Bulletin* 9, 49-52, 1912.

R. H. Sylvester, "The Form Board Test", *Psychological Monographs* 15, No. 4, No. 65, 1913.

R. Pintner and M. M. Anderson, *The Picture Completion Test*, Warwick and York, Baltimore, 1917.

R. Pintner and D. G. Paterson, *A Scale of Performance Tests*, Table 45, D. Appleton & Company, New York, 1917.

Distributed by C. H. Stoelting Company, 424 North Homan Avenue, Chicago, Illinois. Catalogue No. 34033.

S. C. Kohs *Intelligence Measurement. A Psychological and Statistical Study Based on the Block Design Test*, The Macmillan Company, New York, 1923.

Distributed by C. H. Stoelting Company, 424 North Homan Avenue, Chicago, Illinois.

the number of correct sequences, allowing two trials for each sequence if necessary. The examiner is instructed to continue for three lines after the last one the child passes. Tables enable the conversion of the score into mental age. Pintner and Paterson give percentile norms by age.

Porteus Maze Test

The Porteus Maze Test* is an age scale with paper mazes standardized at each age from 3 to 12 and also 14. The test consists of a maze constructed by parallel lines that turn corners in a more and more intricate fashion with each succeeding age. The subject traces the path of the maze from the beginning to the ending point. In the more advanced mazes, there are blind alleys to add difficulty to the task. A certain number of trials is allowed for each maze. Mental age is computed from the highest test passed, deducting a year for each easier test failed, and one-half year for each test passed only in the second trial. Subjects are not permitted to retrace their steps.

Porteus uses the maze test in conjunction with and as a supplement to the Binet. He believes that the maze test measures "prudent and preconsidered action" and detects the individual who has practical sense rather than the more abstract and verbal kind of intelligence.

Goodenough Drawing Test

This test has much to commend it as a measure of intelligence. In the first place, it is extremely informal and requires only the simplest of materials—pencil and paper. In the second place, the drawing that a child makes can be used as a projective technique, and it is possible to learn much about a child's problems and outlook on life by the details included in the drawing. The examiner asks the child to make a picture of a man. He is urged to make the very best picture he can, and is advised to take his time and work very carefully.

For scoring the test, a scale has been prepared, including 51 points. The drawing is checked for the presence or absence of each of these points. Tables give the age equivalent for different scores. The Goodenough Drawing Test has a remarkable high reliability, approaching the Binet in accuracy. The retest correlation for tests given one day apart is .937, and the probable error of a true I. Q. is approximately 5.4, between the ages of 5 and 10.

Three specialized intelligence tests will also be described briefly.

H. A. Knox. "A Scale, Based on the Work at Ellis Island, for Estimating Mental Defect". *Journal of the American Medical Association* 62: 741-747, March 7, 1914.

R. Pintner and D. A. Paterson. *A Scale of Performance Tests*, Table 48. D. Appleton & Company, New York, 1917.

S. D. Porteus. "Mental Tests for the Feeble-minded; a New Series". *Journal of Psycho-Asthenics* 19: 200-213, 1915.

S. D. Porteus. *Guide to Porteus Maze Tests*. Training School, Vineland, N. J. Department of Research Publication No. 25, 1924.

* Sold and distributed by C. H. Stoelting Co., 424 North Homan Avenue, Chicago, Illinois.
Goodenough, F. L. *Measurement of Intelligence by Drawings*. The World Book Company, Yonkers-on-Hudson, 1926.

*Scale for Measuring Infant Mental Development**Merrill-Palmer Scale*

Several tests for the measurement of intellectual growth of infants and young children have been constructed. The one which has been most widely used is the Merrill-Palmer Scale. This is the work of Rachel Stutsman, working at the Merrill-Palmer Nursery School in Detroit.

This scale consists of 72 tests arranged in half-year groups. Some of the tests are repeated in different age groups with different scoring so that there are 93 tests in all. One point credit is given for each test passed, and tables permit the interpretation in terms of mental age, standard deviation of the age group, or percentile rank. Mental ages run from 18 months to 78 months.

Most of the test are performance tests which do not include the use of language, and hence the Merrill-Palmer can not be used as a measure of language development.

Anyone testing young children must approach the situation with flexibility and resourcefulness. The manual gives suggestions for making personality observations as well as judging the mental level.

*Group Intelligence Test**Otis Self-Administering Test of Mental Ability*

There are times when a simple, easily administered paper and pencil group test of mental ability is needed for clinical work. The Otis Self-Administering Tests are the most widely used for this purpose. These tests were originally designed for use with groups and the writer feels that they may be somewhat invalidated in being used with individuals inasmuch as they are timed tests and the problem of motivation if working alone vs. working in a group enters. However, they have been used individually with satisfactory results.

The Otis Self-Administering Test comes in two levels, the Intermediate Examination designed to use in grades 4 to 9 and the Advanced Examination for high schools and colleges. The unique feature of these tests is that items of different sorts are mingled indiscriminately. There is no starting and stopping for sub tests but the subject is given 30 minutes (or 20 minutes for the abbreviated test) in which to complete the 75 items.

The tests are easy to give and to score. The Advanced examination is recommended for use with educated adults. The test has high reliability. Tables in the manual of directions permit interpretation of the score in terms of mental age and I. Q.

R. Stutsman *Mental Measurement of Preschool Children*. The World Book Company, Yonkers-on-Hudson, 1931.

Materials for the Merrill-Palmer Scale of Mental Tests can be obtained from C. H. Stoelting Company, 424 North Homan Avenue, Chicago, Illinois.

The Otis tests are published and sold by the World Book Company, Yonkers-on-Hudson, New York.

*Adult Intelligence Test**Wechsler-Bellevue Intelligence Scale**

This scale fills an important need by providing a clinical measure of intelligence which can be applied to adults. This scale is made up of individual tests. Very sensibly 5 of the 10 tests are performance or non-language tests and 5 are language tests so that it is possible to study the pattern or profile of test results which has some significance in reporting on adult mentality. The tests included are

1. General Information
2. General Comprehension
3. Arithmetical Reasoning
4. Digits Forward and Backward
5. Similarities
6. Picture Completion
7. Picture Arrangement
8. Object Assembly
9. Block Design
10. Digit Symbol

with a vocabulary test as an alternate

Scores on individual sub-tests are added into a single score for both the verbal and performance sections of the test and for the two combined. Tables enable the estimation of I. Q.'s directly from those raw scores both for the performance tests and verbal tests.

Aptitude Tests

In addition to tests of general ability or intelligence tests there are also available tests of more specialized functions, or so-called aptitude tests. Aptitude tests are still, on the whole, more of a promise than a reality. Much ink has been spilled about the possibility of scientific vocational guidance when aptitude tests are available, but so far good tests are scarce and there is reason to believe that the theoretical speculations must have left out some important considerations. It was at one time believed that not only such general special activities as mechanical, clerical, musical, artistic, literary, or social aptitude could be measured, but also more special abilities down almost to the job itself. The tests which have been produced fall short of expectations.

The one to be described here was one of the first to be produced—the Stenquist Mechanical Aptitude Tests. Tests I and II are paper-and-pencil tests. Test I is non-verbal. The task in each of the 95 problems is to find which of five pictures "belong with, is a part of, or is used with" each of five other

Sold and distributed by the Psychological Corporation, 522 Fifth Avenue, New York City.
The Stenquist Mechanical Aptitude Tests I and II are published by the World Book Company, Yonkers-on-Hudson, New York.

pictures. Test II consists of questions about pictures and diagrams of machines and machine parts.

Test III is the Stenquist Mechanical Assembly Test. This test consists of a box with ten compartments in each of which a common mechanical—a cupboard catch, clothes pin, bent paper clip, chain, bicycle bell, shut-off, wire stopper, push button, door lock, and mouse trap is disassembled. The subject's task is to assemble them so that they will work. A score of 10 is given for each correct assembly, scores less than 10 for partial assembly, and additional scores for finishing the task before the allotted time of 30 minutes. This performance test is hailed as one of the best examples of a test of special aptitude.

A later investigation at the University of Minnesota by Paterson and Elliott has produced statistically superior mechanical aptitude tests but they have never caught the fancy of clinical psychologists as did the earlier and simpler Stenquist tests.

School Achievement Tests

Stanford Achievement Test

To know how a child is achieving in school is usually important and the clinical psychologist should have tests of school achievement with which to describe this area of a child's functioning. Tests of school achievement are legion. One should have, first of all, a general overall measure of achievement on the elementary level. The test which has been generally accepted as representing the most skillful and scientific work and which yields the most reliable results is the *Stanford Achievement Test*. There are three batteries of these tests, one for the primary grades 2 and 3, one for the intermediate grades 4, 5, and 6, and one for the advanced grades 7, 8, and 9. The Primary Battery comes in five different but comparable forms and contains tests in the following:

- Paragraph Meaning
- Work Meaning
- Spelling
- Arithmetic Reasoning
- Arithmetic Computation

The Advanced Battery in forms contains the following tests:

- Paragraph Meaning
- Word Meaning
- Language Usage
- Spelling

Stenquist, J. L. *Measurement of Mechanical Ability Contributing to Education*, No. 130, 1923.
Paterson, D. G. and Elliott, R. M. *Minnesota Mechanical Ability Tests*, University of Minnesota Press, 1930.

The Stenquist Assembly Test of Mechanical Ability is made and sold by C. H. Stoelting Company, 424 North Homan Avenue, Chicago, Illinois.

Stanford Achievement Tests by T. L. Kelley, G. M. Ruch, and L. M. Terman. Published by the World Book Company, Yonkers-on Hudson, 3rd revision, 1940.

Literature
Arithmetic Reasoning
Arithmetic Computation
Social Studies I and II
Elementary Science

Partial batteries including tests on reading, arithmetic, spelling, and languages and separate tests are also available.

Scores on each test may be plotted on a pupil's chart which shows the relative standing on each of the tests and the total as well as the equivalent in terms of age and school grade. This test in whole or in any part one wishes to use serves as a very accurate and satisfactory measure of achievement in the elementary school.

Reading Tests

Reading is the most important single skill learned in school today and the success in school depends in large part on skill in reading. Failures in school are often associated with reading deficiency. Two tests will be mentioned for use in diagnosis of reading proficiency. The first is a relatively simple but effective one—the Gray Oral Reading Test going under the title of Standardized Oral Reading Paragraphs. This test consists of twelve paragraphs graded in order of difficulty which a child is asked to read aloud. Values of five are given for each paragraph successfully read and from a total score a grade equivalent can be ascertained. This is a crude but handy measure of the level of a child's reading. Probably the value of the test comes not so much from the score and grade placement in reading of a child but in the opportunity which it presents for an analysis of the reading process. The examiner can not only perceive specific errors made and the pronunciation, inflection and other phases of reading, but also is given an opportunity of observing a child's approach to reading. In particular if a child has difficulty, the examiner can see the attack a child makes on a word and the methods employed of saying an unknown word. There is no better way of discovering a child's specific abilities in reading than in sitting down with him and listening to him read.

Gates Reading Tests

For those who wish a measure of reading proficiency the Gates Reading Tests are recommended. The Gates Reading Survey Test to be used from grades 3 to 10 consists of four tests as follows:

- Test 1. Vocabulary
- Test 2. Comprehension

Gray, W. S. "Studies of Elementary School Reading Through Standardized Tests." 1917
Published by the Public School Publishing Company, Bloomington, Illinois
The Gates Reading Tests are published by the Bureau of Publications, Teachers College, Columbia University, New York.

Test 3. Speed

Test 4. Accuracy

Then there are the Gates Silent Reading Tests designed for grades 3 to 8 for testing four distinctive types of reading. The tests are

Type A—Reading to appreciate the general significance of a paragraph.

Type B—Reading to predict the outcome of given events.

Type C—Reading to understand precise directions.

Type D—Reading to note details

These two tests taken together provide a very effective description and analysis of the reading abilities possessed by an individual child.

In addition to tests of proficiency in school, the worker in child guidance will wish to know in a more general way concerning a child's school adjustment. This can be accomplished most naturally by a conference with the child's teacher who can report to the worker about the child from her own first-hand experiences with him.

In case it is not convenient to visit the school a brief report in writing from the teacher on the following form may suffice. Replies on this form have proven very helpful in pointing to any marked deviations from the normal which the teacher may have noted concerning an individual child.

Description of the Child's Personality

A very important phase of the child to be described is his *personality*. Personality is an over-all term which includes the individual from every conceivable point of view, including intelligence. Some tests for the measurement of mental capacity have already been discussed. This discussion of the description of personality will include all aspects except intelligence. Teachers have been somewhat backward in developing an interest in personality. Their success is determined so largely from the point of view of the pupil's progress in learning that they have accepted the personalities which pupils bring to school as the raw material with which to work without recognizing that the development of personality as broadly defined above is the all-embracing aim of education.

Describing the personality of a child is also highly desirable because failures in school are usually closely connected with inadequacies in other directions and it becomes necessary to know a child from the point of view of his personality if he is to be helped therapeutically.

Three methods of describing personality will be taken up: the personality examination, the Rorschach and the adjustment questionnaire.

SCHOOL INQUIRY

This inquiry is addressed to _____
Principal of _____
with regard to _____
who has been referred for study to the Child Guidance Clinic by his

Will you kindly refer this inquiry to _____ teacher
or to the person in the school who best knows _____
and let us have your answers returned as soon as possible

(If the marks or other information asked for can be more conveniently sent
on another blank or in a separate letter, please do not hesitate to use your own
method of reporting to us.)

Name _____ Age _____ Grade _____ Course _____

Achievement in School. List subjects being studied and the marks at the last
reporting period.

<i>Subjects</i>	<i>Last Mark</i>	<i>Subjects</i>	<i>Last Mark</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments:

Test results:

Intelligence (Give name of test) _____ I. Q. _____ Score _____

Other tests: _____

Attendance. (If space is insufficient to make a statement, kindly use back of
this paper.)

Child's Attitude toward School. (Write a statement describing interest and attitude of child toward school)

Child's Behavior in School. (Write a statement describing child's behavior in school—is he attentive, daydreaming, troublesome, aggressive, restless, sluggish, cooperative, a show-off, deceitful, diligent, fearful, disobedient, stubborn, defiant)

Child's Relations with Other Children. (Write a statement telling how he gets along with other children—friendly, quarrelsome, shy, a leader)

Child's Personality. (Write a statement telling any distinctive characteristics you have noticed—stable, nervous mannerisms, even tempered, temper spells, cries easily, withdrawn, excitable, fears, good-natured, etc.)

Child's Health. (Is there anything noteworthy to report from your own observations or from the school's records?)

Person Answering (sign name here) _____

Return this inquiry to _____
(give name of institutional connection and address of sender here)

Personality Examination

The personality examination, as it is designated in this chapter, is frequently called a psychiatric examination because it employs a method used by psychiatrists. This should not deter the less skilled worker from undertaking a personality examination, even though he has not had psychiatric training.

The personality examination is an interview or face-to-face contact, or relationship with another person in which the examiner has an opportunity of observing him and learning something about his carriage and bearing, his attitudes, hopes, wishes, and activities, fears and worries, likes and dislikes, and the way in which he adjusts himself to the interview situation. With adults the examination is almost always an oral interview,—a pleasant conversation and exchange of ideas. Young children express themselves more naturally in play and with them the personality interview becomes a play period shared by examiner and child. If the child wants to talk as he plays, so much the better. The dividing line between these two methods comes at about the age 12 or 13 for both boys and girls. Above this age the adolescent seldom wants to play with toys as he feels it is beneath his dignity, although he may not yet talk very easily. Below this age the child will play very readily unless grossly inhibited.

Most beginning psychologists find difficulty with the personality examination because they think much is expected of them. Actually the main requirement of the examiner is to make observations, and he is expected to be relatively but not wholly passive. To be sure he may ask questions but principally the *subject* is expected to take the lead and to use the hour as *his* own needs direct.

If the child guidance worker is planning to make a personality examination of a child, certain preliminary preparations are necessary. Preferably the developmental history should have been taken earlier and should be studied. The mental and physical examinations may also have been given earlier, and the results if available should be noted. The examiner should also have at hand the original statement concerning the complaint and any report that may have come from the school. These various sources should arouse the sensitivity of the examiner toward certain points to be especially noted.

The room in which the child is to be examined should be laid out with toys appropriate to the age of the child. These should be on a low table so that the child may have full access to them. Although in therapeutic work certain toy materials such as families of dolls, modeling clay, finger painting, drawing materials and other objects and materials through which a child may express his phantasies are recommended, for diagnostic work one may not be limited to these, but the assortment may include any toys or games that are available—not too many. The Lowenfeld-Buehler "The World Test" materials are very appropriate for diagnostic studies of personality.

As the child enters the room he should be greeted in a friendly, kindly way, but not effusively, by the examiner. The active child may be allowed a few minutes to explore. Soon, however, the examiner should attempt to discover if the child knows why he came to the clinic, and if he has any reason of his own for coming to discover his own attitude toward the problem. If the child has no idea why he came, or a very erroneous idea, the examiner may give him a brief but truthful reason "Your mother is worried because you are not doing well in school and she brought you here to find out why and to see if we can help you," or "Your mother has difficulty with you at home and came here to get help." After this brief common understanding the examination may proceed.

From then on the examiner conducts the examination on a middle course between the extreme, on the one hand, of being a mere passive observer and the other extreme of plying the child with a series of questions. Since examination means to the majority of persons questions and answers, most beginners in child guidance make the mistake of being too active and asking too many questions. One should be relatively passive and should ask few rather than many questions. The child should be free to express himself as he will during the hour. Perhaps the examination should be thought of as mutual participation of the examiner and child in play or conversation, with the child taking the initiative at every step. The examiner should persuade himself to expect long pauses in the examination in which nothing is said, and should avoid the temptation after a pause to initiate a new topic of conversation or a new activity. He should restrain himself and permit the child freedom to do that. There is no harm whatever if the interview has quiet periods, and if the examiner can master his anxiety in these periods, the child, too, will be at ease. Sometimes it is necessary to tell the child that he can do what he pleases.

After this long discussion of the importance of being passive, asking few questions, and giving the child freedom of expression it may not be inappropriate to suggest an outline of points to be covered during the personality examination. This outline is not a "must" to be slavishly adhered to in the order given. Rather it is merely a list of items or areas to be sensitive provided they come up, and to direct the attention of the child provided this is done naturally, informally, and spontaneously.

OUTLINE OF PERSONALITY EXAMINATION OF CHILD

- A. Observation of child from initial impression.
 - 1. Physique
 - 2. Appearance
 - 3. Relationship with examiner

The writer has drawn heavily on the outline from John Levy's outline as it appears in G. Murphy and F. Jensen *Approaches to Personality*, pp. 337 ff. Coward-McCann Inc., New York, 1932.

- 4 Motility—passivity—tendency toward compulsion
 5. Spontaneity—tendency toward inhibition
 - 6 Emotional characteristics
- B Child's attitude toward his problem
- C. Child's reaction to his surroundings
1. Recreation
 - 2 Friendships
 3. Family
 - 4 School
- D Attitudes and mental
1. General mental processes
 - 2 Phantasies and daydreams
 - 3 Night dreams
 - 4 Ambitions—vocational plans
 - 5 Worries, fears, etc.
 - 6 Identifications
 - 7 Reactions to own body—sex
 8. Child's solution for his problems
- A Observation of child from initial impression
1. Physique

Is the child tall or short, heavy or light for his age? Does he show any physical deviation from normal?—large features, scar, or is he crippled? poor posture, or awkward, jerky, uncoordinated movements? Does he exhibit bad habits such as nail-biting, picking his nose? Each of these has its possible psychological significance.
 2. Appearance

Is he good looking or repulsive in any way? How is he dressed—appropriately for his age and economic level? Is he careless or neat? Is his clothing or appearance conspicuous in any way? Has he given thought to his appearance? Does he want examiner to notice him? or does he try to hide himself?
 - 3 Relationship with examiner

Note the initial reaction. Is it one of friendliness, eagerness, passivity, resistance, sullenness? Does subject respond to examiner or does he ignore him and rush to the toys? Does he volunteer remarks? How does he respond to questioning? Does attitude toward examiner change? Is child respectful, overawed, friendly, aggressive, coquettish, resistant, or sensitive? Is he responsive to suggestions or commands? Does he ask for a gift or for permission to take some object away with him? The examiner should be sensitive to every means of expression of the child toward himself.

4. Activity—passivity—tendency toward compulsion

Is child active, restless, constantly moving around? Or is he listless, sluggish, apathetic? Does he turn from one thing to another or does he concentrate on one toy? Does he appear at ease or is he anxious? Does he permit things to get untidy or must he put covers on boxes, arrange things in orderly rows, put things back where he got them? Does he show a tendency toward exactness and precision?

5. Spontaneity—tendency toward inhibition

Does child go to toys readily, eagerly, or does he have to be invited? Is he curious? Or does he apparently let some things go unexplained?

6. Emotional character

How do you describe the child emotionally—gay, happy, buoyant, friendly, depressed, unhappy, apathetic, excitable, uncommunicative.

B

1. Recreation

When it comes to questions (which should be used sparingly. Naturally a child likes to feel that he is interesting to another person—he does not like to feel that he is being pumped) a good place to begin is with those activities in which he is most interested and which he is most willing to talk about.

"What do you do after school? What do you do in the evening? What do you like to do most? What do you do during the summer? Have you taken any trips?"

2. Friendships

Try here to find out how the boy feels about his friends, how important they are to him.

Do you have many friends? Do you like to play with boys older or younger? Do you boss them or do they boss you? Do you always win in games? What is your nickname? Is that all? Do you ever get in fights? Do you have any girl friends? Do you belong to a club or gang? What do you do when you are with your friends? (If there is reluctance to answer any question it should not be pressed).

3. Family

(This is in most cases the most important of the child's reactions. A child's attitudes toward his family are very difficult to obtain directly, and must be usually secured by indirection. Sometimes they can be obtained by projective methods, i.e., attitudes in play toward a doll family.)

In general it is a good plan to inquire about brothers and sisters—learn names, ages, grade in school. This may be followed by

such a question as 'What kind of a fellow is he?' or even a leading question. 'He is a pest, I suppose?' Other questions are 'Does he ever touch your things?'

Much the same is true of attitude toward parents. Such questions as the following may be asked. Your father—What kind of a man is he? Do you ever do things together? Does he ever punish you? Questions of this character should be asked in good spirits.

Learn of the attitude toward others in the home—mother, grandparents, uncles, aunts, cousins, boarders, servants—especially the child's own nurse if he has one.

4 School adjustment

The child should be given an opportunity to tell about school in his own words and should be encouraged to tell just how he feels about school. What about school does he like most? dislike? What does he think about his teacher or teachers? What would he change about his school? How does he get along with other pupils? Is school hard? Does he worry about school?

The examiner should be alert for signs that the child is displacing attitudes towards parents on to teachers, that he is identifying with teachers or pupils; that he is using poor work in school as a weapon to use against his parents, that he is misbehaving in school to compensate for poor scholastic work.

Attitudes of parents toward school should be ascertained as seen by the child, as well as any feeling of rivalry with a brother or sister.

The child should be given an opportunity to suggest his own solution for school difficulties.

C.

1. General mental processes

Is child talkative or silent? Does he keep close to reality or does he easily produce material of a phantasy nature? Is he precise, orderly, or scatterbrained? Does he think clearly, logically or does he have a peculiar logical pattern difficult to understand?

2 Phantasy life

In this area my own preference is to invite the child to produce phantasy material but not to use special devices. Invite the child to tell a story or to draw a picture on the blackboard. If he has special interests encourage him to talk about them at length. Ask him to tell about a movie he saw or a book he has read. Do not use such devices as "Tell me your three wishes" or "If you had a million dollars how would you spend it?" Such specific questions force phantasy unnaturally and the child is required to produce an answer to satisfy the examiner.

If no phantasy material is forthcoming on a general invitation, mark it down as one of the outcomes of the examination

3. Night dreams

Ask him for a "dream you have had" or "what did you dream last night?" A little insistence may be necessary. "Can you remember one?" but if no dreams are readily produced the matter should be dropped. Let him tell whether the dream was pleasant or unpleasant to him and ask for any comments on it.

4. Activities and vocation plans

What are you going to be? What are you going to do after high school? Try to ascertain whether these are his own plans or his parents'.

5. Worries, fears, etc.

What are you afraid of? What else? Are you afraid of the dark? animals? Are there any persons you are afraid of?

What do your parents worry about? Do you worry about school, sickness, appearance, getting along with other children?

6. Identification

Whom do you admire? Who is your favorite hero (or heroine)? What is your favorite comic? radio program?

7. Reactions to own body—sex

It is extremely difficult to get a normal child to talk about sex on a first contact. When this topic is broached, he will generally answer in monosyllables and say "all right" to questions concerning his likes, and denials to questions concerning his practices.

A good procedure is to approach the subject by way of attitudes toward the body.

Does he ever have pains? Where? What does he think about them? Is he as strong, can he run as fast as other boys? Is he sensitive about any part of the body, a scar, color of hair? How do his genitals compare with other boys?

Does he ever think about where babies come from? What are his ideas on the subject? What does he think his organs are for? What does he think about when he plays with them? (This question is not wholly satisfactory in that it asks a boy to reveal masturbation phantasies which it is not usually easy to do. However, it avoids the pitfall of the question "Do you ever play with yourself?" which asks the boy to convict himself which he will seldom do, and, by assuming that he does masturbate, makes it easier for him to talk about it). Has he seen other organs: parents', girls', boys'.

Has he ever played with the genitals of other persons? Was he the leader or was he led by others? Would he like to play with anyone that way—father, mother, brother, sister (Note emotional response of pleasure or repulsion.)

Is he going to marry?

What does he think about girls? Does he like to play with them, go out with them? What is his attitude toward petting?

Does he like to peep? Does he like to talk obscenities? Listen? Does he like to draw sexual pictures? (The general comfort or discomfort of a boy in this area will be an indication how far to go with this line of questions.)

8 Child's solution for his problems

Ask the child to suggest his own solution for his problems. What would he like his parents to do? What changes does he suggest at school? What would he like the child guidance adviser to do? Is he greatly ashamed? Does he refuse to admit that the problem is serious? Does he want to cooperate?

At the risk of repetition the following suggestions concerning the above questions are added. It is not intended that this outline be followed in verbatim, routine fashion. The primary function of the interviewer is to listen and observe. Let the child guide the interview so far as he will. Ask few rather than many questions. Do not feel that it is necessary to cover all the topics in the foregoing outline.

The Rorschach Method

A second method of assessing personality is through the Rorschach Method. Confidence in the value of the Rorschach as a diagnostic instrument for the study of personality has grown by leaps and bounds in recent months as a result of the success of its use in the Army, in industry and in colleges.

The Rorschach is a series of ten symmetrical ink blots devised by Hermann Rorschach, a Swiss psychiatrist who died in 1922. His method was used and experimented with for two decades by only a small number of technical workers, psychologists, and psychiatrists. Now upon the publication of manuals for its use it has suddenly come to more popular attention and favor.

The Rorschach cards are published in Switzerland and distributed in the United States by Grune & Stratton, Publishers, New York City.

Munroe, R. L. *Prediction of the Adjustments and Academic Performance of College Students by a Modification of the Rorschach Method*. Applied Psychology Monograph, No. 7, Stanford University Press, 1945.

Piotowski, Z. A. "Use of the Rorschach in Vocational Selection," *Journal of Consulting Psychology* 7: 97-102, 1943.

Beck, S. J. *Rorschach's Test*. 2 vols. Grune and Stratton, New York, 1944, 1945.

Klopfer, B. and Keiley, D. M. *The Rorschach Technique*. The World Book Company, Yonkers-on-Hudson, 1942.

Bochner, R. and Halpern, F. *The Clinical Application of the Rorschach Test*, Grune and Stratton, New York, 1942.

In administering the Rorschach the subject is given the cards one at a time and asked to tell what he sees in the figures. Klopfer proposes the following as a standard set of directions. "People see all sorts of things in these ink blot pictures, now tell me what you see, what it might be for you, what it makes you think of?" The examiner makes a verbatim record of what the subject says, as well as his behavior before and after making the response, superfluous remarks, the reaction time, and how the card is handled.

An important part of the response is known as the *inquiry*. Each response is gone over with the subject in order to find out exactly how the subject sees the figure on the card. In general one is interested in three characteristics of the response. 1) the *location* of the response, whether it includes the whole figure, a large detail, a small detail or a white inner space. 2) the *determinant* of the response, whether it be *form* or *color* or *texture* or whether it involves *movement*. 3) the *content*. Of the three, the content is of the least importance.

According to Klopfer the Rorschach may be expected to yield information as to the following:

- (1) The degree and mode of control with which the subject tries to regulate his experiences and actions.
- (2) The responsiveness of his emotional energies to stimulations from outside and promptings from within.
- (3) His mental approach to given problems and situations.
- (4) His creative or imaginative capacities, and the use he makes of them.
- (5) A general estimate of his intellectual level and the major qualitative features of his thinking.
- (6) A general estimate of the degree of security or anxiety, of balance in general, and specific unbalances.
- (7) The relative degree of maturity in the total personality development.

It is said of one child psychiatrist, David Levy, that he never undertakes the treatment of a child without first having the results of a Rorschach by which to judge how disturbed the child is emotionally, the nature of his disturbance and the possibilities of successful treatment.

The Rorschach is an instrument which cannot be reduced to a routine performance. It is not possible to learn to use it by merely studying a manual and slavishly following some cut and dried rules. Securing the responses to the Rorschach cards is relatively easy and simple, making the inquiry more difficult, and scoring the responses,—that is classifying them according to the several categories—requires a high degree of discriminative judgment; to interpret the results requires a high degree of psychological insight and understanding. Facility with the Rorschach comes only with experience, the student must have

See P. M. Symonds, *Diagnosing Personality and Conduct*, D Appleton-Century Co., New York, 1931 for an over enthusiastic prophecy of the value of questionnaires in personality study.

See also Albert Ellis, "The Validity of Personality Questionnaires" *Psychological Bulletin* 43:385-440, 1946.

given, scored, and interpreted several score before he is competent in its use. But in the hands of a trained worker the Rorschach is a very important diagnostic instrument.

Recent developments point to two short cuts in the use of the Rorschach which will greatly increase the usefulness (and probably use) of the Rorschach if their validity is substantiated. R. Munroe has made successful use of an "inspection technique" which is essentially a checking or tallying of the presence of critical signs in a Rorschach protocol. The other is the development of group method of administration by Harrower-Erickson through the use of projection slides.

Bernreuter Personality Inventory

A decade ago the questionnaire as a measure of personality loomed importantly. But under careful experimental and clinical scrutiny these questionnaires have not proved their value and the results have been on the whole disappointing.

Questionnaires had their incentive in the first World War with the Personal Data Sheet devised by R. S. Woodworth for detecting unstable personalities in the army. These questionnaires require self-appraisal and it not infrequently happens that self-appraisal does not correspond with the reputation a man has with his peers or with the results of objective evidence. Then again the questionnaire can be faked by any one who sets out to make a certain impression—they have value only when an individual has no motive other than to record his own feelings and self-evaluation fairly and accurately.

The most widely used of these questionnaires is the Bernreuter Personality Inventory.

This questionnaire consisting of 125 questions of the general type "Are you considered to be critical of other people?" "Have you ever had spells of dizziness?" can be scored by six different keys to yield measures of neurotic tendency, self-sufficiency, introversion, extraversion, dominance, submission, self-confidence, and sociability. The last two scores have been added by Flanagan as a result of his factor analysis of data from the Bernreuter. The blank may be used in high school and college.

Statistical analysis of the results of the use of the Bernreuter indicates that the measure of neurotic tendency is practically identical with the measure of introversion-extroversion, and the measure of dominance-submission correlates so high with other scores as to have little independent value.

With a given distribution of scores on the Bernreuter there is no guarantee that those who are maladjusted have made high scores, but those who have made high scores have betrayed their difficulties and probably should be given

Munroe, R. "Inspection Technique." *Rorschach Research Exchange* 5:172-191, 1941.

Erickson, M. R. and Steiner, M. E. *Large Scale Rorschach Techniques*, C. C. Thomas—Springfield, Illinois, 1945.

Published by the Stanford University Press, 1931.

more extreme clinical study. Perhaps the greatest value in the Bernreuter is its use as a check list of psychoneurotic symptoms. It could be used after it has been filled out as a method of introducing the counseling situation. The present writer, however, would not even use it for this purpose, preferring to let the subject raise the topic of his disturbance in his own way and at the time of his choosing.

To describe a child from the point of view of his social adjustments, one relies, in addition to observation during the personality examination, on testimony from some one who knows him well, usually a parent. This will be included under a classification of the social and developmental history.

Developmental History

Social History

Social Background

These three items are bracketed together as they are usually secured by interview with someone who has known the child intimately during his developmental period. This is, of course, by preference the mother who normally has had the most intimate and interested contact with a child from birth.

In the traditional child guidance clinic the task of securing the social and developmental history has normally fallen to the social worker because her task has been conceived theoretically as that of making the periodical contacts which pertain to the study of the child. This division of labor so far as function and insight goes is wholly artificial, and the task of securing a social history can be within the scope of anyone with the psychological insight and knowledge of the technique of interviewing.

In securing the social history the customary practice among social workers is to visit the parent in the home. Equally good results are obtained by interviewing the mother in the clinic or staff office. In the home the mother feels at ease and the worker has an opportunity of sizing up the surroundings by personal observation. On the other hand, it may be difficult to secure privacy in the home and the mother may feel somewhat reserved in her story if other members of the family are about or if she is interrupted with household duties. In the office the mother may feel ill at ease because of the strangeness of the situation. This fear has been greatly overexaggerated and it has been the writer's experience that parents fit into the professional situation with extraordinary ease. As a matter of fact the privacy and freedom from distraction of the office more than offsets any interference by strangeness and the skillful worker can learn what is important concerning the home through the interview without actually seeing it in person.

The psychologist invites the mother, if she is to be the informant, to be seated and proceeds immediately in a quiet but dignified way to inform her that it is necessary to know something about her child and the way he has grown up if his problems are to be understood and he is to be helped. First of

all she is invited to tell her complaints with regard to him and any other information which she may wish to impart at this time. For the first ten or fifteen minutes she should be given a free hand to tell her story in her own way without questioning or interruption. After she has relieved her tension somewhat and when a suitable opportunity presents the worker should proceed with a given set of questions according to the accompanying schedule.

First of all it is necessary to secure certain identifying information indicated by the captions at the top of the blank. Then the parent may be questioned concerning each of the topics on the blank. The questioning should not be too sharp but should rather be an invitation to the mother to tell what she can with regard to the child.

Whereas in the personality examination of the child it is unwise to take notes mainly because the examiner should be free to devote his entire attention to the child and the child should not feel that what he does or says is being made a matter of record, in securing the history from the mother notes should be taken. It is a wise plan to inform the mother that notes will be made and explain that it is necessary to have a record of the child's background. In this case the mother is an informant and the notes may be as full as is desired.

If it were certain that the mother were to be treated for her own problems later this procedure might well be modified. In the first place it would not be desirable to follow a question schedule so closely but to allow the mother to direct the interview as her own needs dictate. Then it would also probably be unwise to take notes so ostensibly, except for matters of name, place, and date. But since at the beginning, the mother brings the child in for treatment it is permissible to consider her an informant who can tell us about the child's background and development.

In any interview in general and in connection with an interview with a mother for the social and developmental history, in particular, one can never be quite sure that the picture disclosed is true and accurate. The facts may be distorted by falsehood and fabrication, but this is relatively unimportant. Of more importance is the unconscious tendency to project. In most interviews with a mother about a child she will project into her story her own feelings and make them the child's own. When she says that Jack is worried about his school progress, one may not be certain that Jack is much concerned, but one may be quite sure that the mother is concerned. If she says that Jack is very fond of his younger sister, one may be certain that is how she *would like* to have him feel, but one cannot be sure that that is actually the way he does feel. This need not be too disturbing to the psychologist. He should be less concerned with *facts* and more concerned with psychological reactions. In any interview whatever else the subject does, he is certain to reveal things about himself and the psychologist should be able to determine the attitude of a mother toward her child and toward other members of her family.

OUTLINE FOR SOCIAL CASE HISTORY

1. Identifying Information

Name	Address	Telephone	Date	Sex
Parent's Name		School and grade		
Age	Birthdate			

2. Trouble

3. Developmental History

a. Pregnancy

b. Infancy

1. Birth

a. Weight

2. Nursing

3. Weaning

4. What kind of baby

c. Early development

1. Teething

2. Walking

3. Talking

4. Toilet training

a. Enuresis

5. Eating

a. Food fads

6. Sleeping

a. Sleeping arrangements

b. Night terrors or dreams

d. Medical history

1. Illnesses

2. Accidents

3. Operations

4. Subject's attitude toward health

e. School history

1. Schools attended

2. Grades skipped or repeated

3. Interest in school

4. Handedness

5. Parents' attitude toward school

f. Personality

1. Interests—what does he like to do

2. Leisure time

3. Friends and relationships with other children

4. Hobbies, pets, etc

5. Relation to authority
6. Reaction to duties, responsibility
7. Summer experiences
- g. Sex development and adjustment
 1. Interests and curiosity
 2. Sex information
 3. Masturbation
 4. Menstruation
 5. Attitudes toward opposite sex
 - a. Is child overcurious, overmodest, dominating, passive
 - b. What are attitudes toward petting, members of opposite sex
 - c. Crushes
 - d. Excessive daydreaming
 - e. Dating
- h. Nervous mannerisms
 1. Stuttering, tics, etc
- i. Work experiences
- j. Health and subject's attitude toward it
4. Siblings
 - a. Relation to subject
5. Family History
 - a. Mother
 1. Health
 2. Nervousness
 3. Activities
 - b. Father
 1. Health
 2. Work
 3. Relationship to subject
 - c. Mother's family
 1. Father
 2. Mother
 3. Brothers and sisters
 - d. Father's family
 1. Father
 2. Mother
 3. Brothers and sisters
6. General background
 - a. Neighborhood
 - b. Home
 1. Number of rooms

In interviewing the mother as also in the case of the child, the success of the interview does not rest on the formal conduct of the interview or the questions asked, but on the wisdom, sagacity, and insight of the examiner in interpreting the material forthcoming. If one makes a long and exhaustive study of a case, it will be found that every little detail of the mother's story is weighted with significance. Only as the psychologist gathers understanding of the dynamic significance of behavior will he grow in his ability to anticipate the meaning of the mother's story as she unfolds it. A number of illustrations of commonly recurring behavior and its significance may be mentioned here as samples. If a mother says that she was not able to nurse the baby from the first, that her milk failed, or it did not agree with the baby, it is safe to suspect that the mother rejected the baby from the first and felt hostile toward it. Late walking and talking may signify retarded mental development. Stuttering may indicate severe and dominating parents—particularly the father. Food fads of one sort or another indicate disturbances in the emotional relationships between parent and child and in many instances indicate one of the child's methods in dominating and showing hostility to its parents. Many illnesses or accidents may be a child's method of gaining parental attention and care. One should also find out if any of the symptoms developed around the time that a younger sibling was born—either a few months before or after. It not infrequently happens that sibling rivalry will produce pronounced unfavorable symptoms in a child. Lack of curiosity about sex may indicate severe parental suppression. Indeed, absence of any factor may be as significant as its presence. Tics and nervous mannerisms often represent symbolic distortions of aggressive and hostile attitudes of a child toward its parents. School difficulties not infrequently are a protest against too much concern and pushing on the part of the parent, or they may be methods which the child has adopted for hurting or punishing or controlling the parent. In general human relationships are much more important than such physical factors as income of family, or number of rooms in the house. These are given as samples of the kind of hypotheses which a child guidance worker is alert to. It is recognized, of course, that any of the above symptoms may be due to factors other than those mentioned. However, the illustrations given represent frequently recurring relationships. To be able to hypothecate the significance of any bit of behavior depends on the psychologist's understanding of the principles of the dynamics of human behavior.

Vineland Social Maturity Scale

The developmental history has been quantified and standardized by E. A. Doll in the Vineland Social Maturity Scale.

E. A. Doll, "A Genetic Scale of Social Maturity," *The American Journal of Orthopsychiatry*, 5: 180-188, Apr., 1935

E. A. Doll, "The Vineland Social Maturity Scale—Revised Manual of Directions," Publication of the Training School at Vineland, New Jersey Department of Research Series 1936—No. 3, April 1936

This scale consists of a graded series of performances or accomplishments representing maturation in "self-help, self-direction, locomotion, occupation, communication, and social relations" The scale consists of 117 items arranged according to age levels as follows.

NUMBER OF ITEMS IN EACH AGE LEVEL OF THE
VINELAND SOCIAL MATURITY SCALE

<i>Age</i>	<i>F</i>	<i>Age</i>	<i>F</i>	<i>Age</i>	<i>F</i>
0-1	17	5- 6	5	10-11	4
1-2	17	6- 7	4	11-12	3
2-3	10	7- 8	5	12-15	5
3-4	6	8- 9	4	15-18	6
4-5	6	9-10	3	18-20	6
				20-25	4
				25+	12
					117

Data for each item is obtained from an informant, preferably the child's mother or in case the mother is not available, the father, guardian, or some other person who can provide the information. Each item is scored (+) if the act is habitually and successfully performed; (+F) if the child can or used to perform the act but is prevented from so doing now because of lack of opportunity or special handicap, (+N O.)—no opportunity, but which the child presumably could perform if he were given the opportunity; (\pm) those acts in a transitional or emergent state and (—) those acts which the subject cannot do or does only under extreme pressure

The scale is scored by obtaining the sum of items scored (+), plus $\frac{1}{2}$ of the items scored (\pm) These scores can be transmuted into an age equivalent.

Doll has used the scale principally in the diagnosis of feeble mindedness. He believes that it is necessary to distinguish between mental deficiency *with* social incompetence (which he would call feeble mindedness) and *without* social incompetence (which he says cannot be called feeble mindedness) The scale might also be used with normal or superior children to determine their social maturity and the extent to which they have been overprotected.

Explanatory Diagnosis

A descriptive diagnosis has been described which attempts by means of tests, observation, and interviews to get a picture of the child and his background and, in particular, of his relationship with others in his family These facts are of importance in themselves. It is also helpful to know how the child compares with others of his age group and cultural background This can be done with a high degree of accuracy with test results because comparative data in the form of norms are available. This comparison with norms is less easy to do with the

qualitative and factual material both because the results are not quantitatively determined and norms of behavior have not been so fully described. However, it is well to have a rough estimate of the normality and typicality of the child.

This, however, does not give one an answer to the problem originally presented. What are the reasons for the child's difficulties and what can be done about them? In order to reach conclusions concerning the origin of the problem there is no other recourse than a set of working hypotheses based on wide clinical experience and a knowledge of dynamic psychology.

In general one proceeds somewhat as follows: First one makes sure that there is no physical basis for the problems which the child presents. The results of the physical examination are carefully scrutinized to see if deviations from the normal could have a causal influence in determining the child's difficulties. Second, one notes the mental capacity of the child for this indicates the child's capacity to adjust. If the I.Q. is normal or above normal then school or behavior problems cannot be attributed to inability *per se*. If, on the other hand, a child's ability is below normal, then this should be kept in mind as a possible factor which has made good adjustment difficult for the child to achieve. One must also consider the possibility that a child has been forced to make low test scores because of some emotional difficulty.

If test scores show nothing unusual, then one should turn attention to the possibility that the problems a child presents may have a basis in emotional disturbance. One should scrutinize carefully the reports on relationships within the home between the child and his parents and between brothers and sisters.

Naturally this attempt at finding an explanation for the child's problem is not split into steps as distinct as these. From the very first contact the psychologist is constantly asking himself the meaning of the test scores, the behavior, and the facts gained in the social history. The child guidance worker proceeds to form hypotheses right from the beginning of his study—hypotheses to be modified and refined as his investigations proceed. These hypotheses depend on the psychologist's background of psychological understanding and experience. He is at the mercy of the extent to which he knows and has assimilated the results of research. For instance, suppose that a child suddenly develops feeding difficulties and becomes obstinate and difficult to manage. Physically and mentally everything is satisfactory. Then the psychologist notes that these problems started in the month after a new child was born into the family. The psychologist immediately makes a connection and sees the problem behavior as a kind of repression toward earlier infantile behavior as a way of diverting some of the mother's attention from the new-comer in the family. There are undoubtedly other factors of significance in the situation at the same time for no behavior is determined quite so simply, but this one hypothesis should be kept in mind with the possibility that it has considerable importance in shedding light on the problem.

Treatment

This procedure of making a descriptive and explanatory diagnosis is important because the plan of treatment should be based on the conclusions reached in the diagnosis. Treatment should aim at two things. One, it should attempt to correct by appropriate psychotherapeutic procedures the deficiencies discerned in the descriptive diagnosis. Two, it should remove the factors which have been responsible for the problem occurring in the first place. Of the two, the second is the more fundamental, and it sometimes happens that reconstructive processes are started spontaneously once the unfavorable conditions are removed. But in other cases something in the way of psychotherapy is needed in order to set constructive processes into operation. Only too often treatment is planned in entire independence of the diagnosis. Anyone will readily see the absurdity of this and the necessity for having the plan for treatment on the diagnosis.

Actually, however, diagnosis and treatment cannot be too sharply separated. Usually a process of therapy starts at the first contact, and diagnosis is being refined as long as one continues to work with a case.

T A B L E S

for

Interpreting the Results of Mental Testing on the Revised Stanford-Binet and the Bellevue Intelligence Scales together with a Table of the Theoretical Distribution of I.Q.'s for Children in Each Chronological Age Group from 4 to 15.

PERCIVAL M. SYMONDS

Teachers College, Columbia University

TABLE I

Best Estimate for Basal Age Corresponding to School Grade

<i>School Grade</i>	<i>Test Year</i>
1	6
2	7
3	8
4	9
5	10
6	11
7	12
8	13
9	14

TABLE II
Standard Mental Age for Different School Grades

<i>Grade</i>	<i>Standard Mental Age</i>	<i>Average Mental Age</i>
I	6-6 to 7-5	7
II	7-6 to 8-5	8
III	8-6 to 9-5	9
IV	9-6 to 10-5	10
V	10-6 to 11-5	11
VI	11-6 to 12-5	12
VII	12-6 to 13-5	13
VIII	13-6 to 14-5	14
H.S. I	14-6 to 15-5	15

Taken from L. M. Terman, *The Intelligence of School Children* Houghton Mifflin Company, 1919. P 93.

TABLE III
Mental Age Equivalents of the Upper Levels on the Revised Stanford-Binet

<i>Year</i>	<i>M. A.</i>
XIII	13- 0
XIV	14- 0
AA	15- 4
SA I	17- 4
SA II	19-10
SA III	22-10

TABLE IV

Table for Transmitting I Q.'s from 1917 Stanford-Binet to Revised (1937)
 Stanford-Binet [S.D. (1917) = 13.0 S.D (1937) = 16.6]

<i>1917</i>	<i>1937</i>	<i>1917</i>	<i>1937</i>
<i>S-B</i>	<i>S-B</i>	<i>S-B</i>	<i>S-B</i>
		105	106
		110	113
		115	119
		120	126
35	17	125	132
40	23	130	138
45	30	135	145
50	36	140	151
55	42	145	158
60	49	150	164
65	55	155	170
70	62	160	177
75	68	165	183
80	74	170	190
85	81	175	196
90	87	180	202
95	94	185	209
100	100	190	215

TABLE V

Number of words correctly defined to be given credit on different year levels
 of the Revised Stanford-Binet

<i>No. words correctly defined</i>	<i>Year level at which credit is given</i>
5	VI
8	VIII
11	X
14	XII
16	XIV
20	AA
23	SA I
26	SA II
30	SA III

TABLE VI
Mental Age Equivalents on the Revised Stanford-Binet Vocabulary

<i>No words correctly defined</i>	<i>MA Equivalent</i>	<i>No. words correctly defined</i>	<i>MA Equivalent</i>
35	21.5	17	13.2
34	21.3	16	12.8
33	21.0	15	12.3
32	20.7	14	11.9
31	20.4	13	11.5
30	20.0	12	11.0
29	19.7	11	10.6
28	19.3	10	9.9
27	18.9		
26	18.5		
25	17.8		
24	17.2		
23	16.5		
22	15.9		
21	15.3		
20	14.7		
19	14.2		
18	13.7		

Source:

R. L. Thorndike, "Two Screening Tests of Verbal Intelligence" *Journal of Applied Psychology* 26. 128-135, 1942.

TABLE VII

Showing Chances of any Child Reaching or Exceeding any I.Q. on the *New* Stanford-Binet

<i>The child whose I.Q. is</i>	<i>is equalled or excelled by</i>
160	1 out of 10,000
156	2 out of 10,000
152	6 out of 10,000
148	1 out of 1000
144	3 out of 1000
140	6 out of 1000
136	1 out of 100
132	2 out of 100
128	4 out of 100
124	7 out of 100
120	11 out of 100
116	16 out of 100
112	23 out of 100
108	31 out of 100
104	40 out of 100
100	50 out of 100
96	60 out of 100
92	69 out of 100
88	77 out of 100
84	84 out of 100
80	89 out of 100
76	93 out of 100
72	96 out of 100
68	98 out of 100
64	99 out of 100
60	994 out of 1000
56	997 out of 1000
52	999 out of 1000
48	9994 out of 10,000
44	9998 out of 10,000
40	9999 out of 10,000

This table has been computed from Table 8 in L. M. Terman & M. A. Merrill *Measuring Intelligence*, Houghton Mifflin Company, 1937.

TABLE VIII

Distribution of I.Q.'s on the Standardization Group—Stanford-Binet—
Composite of Form L and M

<i>I.Q.</i>	<i>Per cent</i>	<i>Classification</i>
160-169	0.03	Very superior
150-159	0.2	
140-149	1.1	
130-139	3.1	Superior
120-129	8.2	
110-119	18.1	High average
100-109	23.5	Normal or average
90- 99	23.0	
80- 89	14.5	Low average
70- 79	5.6	Border-line defective
60- 69	2.0	Mentally defective
50- 59	0.4	
40- 49	0.2	
30- 39	0.03	

M. A. Merrill, "The Significance of I.Q.'s on the Revised Stanford-Binet Scales" *Journal of Educational Psychology* 29:641-651, 1938.

TABLE IX

Interpretation of I.Q.'s on the Revised Stanford-Binet Forms L and M

<i>Range of I.Q.</i>		<i>Per cent</i>	<i>Range of Adult M.A.</i>
above 150	near genius	0.1	22.50 +
130-149	very superior	3	19.50-22.49
115-129	superior	14	17.25-19.49
85-114	normal	66	12.75-17.24
70- 84	dull	14	10.50-12.74
60- 69	border line	2	9.00-10.49
40- 59	moron	1	6.00- 8.99
20- 39	imbecile		3.00- 5.99
0- 19	idiot		0.0 - 2.99

Taken from:

R. G. Bernreuter: "The Interpretation of I.Q.'s on the L-M Stanford-Binet" and E. J. Carr. *Journal of Educational Psychology* 29:312-314, 1938.

TABLE X

Interpretation of the I.Q. as obtained from the Bellevue Intelligence Tests

<i>I.Q.</i>	<i>Classification</i>	<i>Limits in Terms of P.E.</i>	<i>Per cent included</i>
128 and over	Very superior	+3 P.E. and over	2.2
120-127	Superior	+2 P.E. to +3 P.E.	6.7
111-119	Bright-normal	+1 P.E. to +2 P.E.	16.1
91-110	Average	—1 P.E. to +1 P.E.	50.0
80- 90	Dull-normal	—1 P.E. to —2 P.E.	16.1
66- 79	Border line	—2 P.E. to —3 P.E.	6.7
65 and below	Mental defective	—3 P.E. and over	2.2

Taken from:

D. Wechsler, *The Measurement of Adult Intelligence*. Third edition Baltimore The Williams and Wilkins Company, 1944 P 190

TABLE XI

Interpretation of (Old) Stanford-Binet I.Q.'s

<i>I.Q.</i>	
120+	One to 2 years accelerated in elementary school. Should reach 8th grade by age of 12 or 13. I.Q. of average high school graduate is 110 Unless I.Q. is 115 or more unwise to advise college
95-105	40% of children in this group Should complete elementary and high school. Not good college material.
85-95	About one year over age for grade. Entrance to high school barred for children under 90 I.Q. May graduate from high school by dint of persistence and repetition of many subjects.
80-84	2 years in 1st grade. Completes 8th grade 2-3 years behind schedule. Rarely goes beyond elementary school.
75-79	Reaches the 5th grade by age 13. Reaches 8th grade by 16 or 17. Ordinarily stops education here.
60-65	Remains in 1st grade until 10 or 11. Reaches 5th grade when 14 or 15. Rarely found above 5th grade.

Taken from.

H. E. Garrett and M. R. Schenk, *Psychological Tests, Methods and Results*. Harper and Brothers, 1933. Pp. 29, 30 in Part II. Based on old Stanford-Binet.

TABLE XII
M.A.'s on the Bellevue Intelligence Test for Given M.A.'s

<i>Weighted Scores</i>	<i>M.A.</i>
2	6.8
3	7.6
4	8.5
5	9.4
6	10.3
7	11.3
8	12.2
9	13.1
10	14.0
11	14.9
12	15.8
13	16.7
14	17.6
15	18.5
16	19.5
17	20.4

TABLE XIII
Weighted Score on the Bellevue Intelligence Test for Given M.A.'s

<i>M.A.</i>	<i>Weighted Score</i>
6	1.2
7	2.3
8	3.4
9	4.4
10	5.8
11	6.8
12	7.8
13	8.8
14	10.0
15	11.1
16	12.2
17	13.2
18	14.4
19	15.5
20	16.6

TABLE XIV

Theoretical Distributions of Mental Age for Groups of 100 Children with Given Chronological Ages (Based on a theoretical S.D. of I.Q. of 16.6)

<i>Mental Age</i>	<i>Chronological Age</i>												
	4	5	6	7	8	9	10	11	12	13	14	15	
22													1
21													1
20											1		2
19										1	2		5
18										1	4		8
17									1	4	8		11
16								1	3	7	12		14
15								2	7	13	15		15
14							2	6	12	16	16		14
13						1	5	12	17	17	15		11
12					1	4	12	18	19	16	12		8
11					3	11	19	21	17	13	8		5
10				2	11	21	23	18	12	7	4		2
9			1	9	22	25	19	12	7	4	2		1
8			7	23	28	21	12	6	3	1	1		1
7		5	24	31	22	11	5	2	1	1			
6	2	24	36	23	11	4	2	1					
5	23	41	24	9	3	1							
4	50	24	7	2	1								
3	23	5	1										
2	2												
Totals	100	99	100	99	102	99	99	99	99	101	100		99

TABLE XV
Two Illustrations of Computing Chronological Age

Date	October	4, 1943
Birth Date	April	2, 1934
1943,	10,	4
1934,	4,	2
<hr/>		
9	6	2

$$\text{C.A.} = 9 - 6$$

Date	October	24, 1943
Birth Date	November	29, 1932
1942,	21,	54
1932,	11,	29
<hr/>		
10	10	25

$$\text{C.A.} = 10 - 11$$

16 or more days is counted as a whole month.

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THE CHILD GUIDANCE CLINIC

AFTER-CARE

By

L ERWIN WEXBERG

IF anybody would contend that there is no such thing as after-care, we would have to agree with him. The term mentioned is being used in the medical field wherever a patient is convalescing from an acute disease. Behavior problems in children, however, have no definite beginning or end, even though certain particular symptoms may suddenly develop and disappear. Still, the concept of after-care is useful in practice. It begins when a child's direct treatment in a Child Guidance Clinic has been terminated. At this time, all those indirect methods of treatment which had been started right at the beginning, come into the foreground. After-care, then, is environmental adjustment as a permanent procedure. It is virtually all that is done in those cases in which direct treatment is not applied. A close-up of the problem, then, deals with the various factors constituting a child's environment. They are as follows:

- (1) Family, i.e., father, mother, siblings, grandparents, or other relatives living together with the child,
- (2) Foster home
- (3) Institution.
- (4) School
- (5) Recreation.
- (6) Neighborhood and friends
- (7) Vocational environment.
- (8) Representatives of social agencies or local health authorities who are in charge of the child as a "case".

(1) FAMILY

The entire problem of after-care hinges, as far as the family is concerned, upon the question of *education of parents* and other relatives living under the same roof. The routine procedure, after the diagnosis has been established, consists of information given to the parents by a staff member of the Clinic, regarding the entire situation and the changes deemed advisable under the circumstances. This instruction should always be given by the director of the

Clinic. If anything at all can be accomplished by it, it can only be done by the highest authority available

While, of course, the effectiveness of this type of education of parents is, in general, more than doubtful, it has to be admitted that it will work in a limited number of cases. That largely depends upon the kind of instruction given. The mere statement, e.g., "your child is spoiled", will rarely have any effect at all. Usually, it expresses only as an expert opinion what at least one of the parents knew all the time, whereupon the father, turning toward his wife, triumphantly remarks: "Didn't I tell you that all the time?" The mother, again, temporarily non-plussed, but not at all convinced, loses all interest in what else the psychiatrist might have to say, anticipating that it will only duplicate her husband's well known criticisms.

It appears, then, that for an advice to be effective it does not suffice that it be based on a true diagnosis and be right. It must, in addition, convey a new insight to the parents. Often, e.g., the plain statement that most of a child's difficulties are due to his jealousy against a baby brother is quite a revelation to the mother. She did not see it, partly because of lack of training, but mainly, perhaps, because she did not want to see it. Once the psychiatrist has opened her eyes, the entire pattern is suddenly changed for her. Now she cannot help seeing other facts bearing out the psychiatrist's interpretation. The practical conclusions are all but compulsory. It is a case of learning by "insight".

It is also true that a child will sometimes confide to the psychiatrist, the social worker, or the psychologist, what he did not dare to tell to his parents (such as, e.g., early sex experiences) and what offers a clue to his difficulties. In case the child gives his permission to pass this knowledge to his parents, the latter may find a new approach to the child's problems. In addition, the newly established confidence between him and his parents takes a load off his chest and eases the situation. Even if the child's apprehension was justified, concerning his parents' attitude, the psychiatrist may be able to persuade them to change their point of view. With the feeling of guilt and moral depravation removed, after-care may be an easy task.

However, it is a well-known fact that plain informations and instructions given to parents and other members of the family often have no effect. These are the cases which, obviously, would need treatment rather than education. Their obvious educational mistakes are not due to lack of knowledge but to their own neurotic limitations. Insight in the child's actual difficulty may be blocked because it would offset a mother's own neurotic pattern, and, for the same reason, the psychiatrist's instructions are stubbornly misunderstood or misinterpreted. In these cases, the parents' and the child's problems are often interrelated and interlocked to that extent that only a thorough psychiatric treatment of the entire family would help. Unfortunately, radical measures of that kind are rarely possible.

One of the frequent types of that kind is that of the child being unconsciously rejected by his mother. Psychoanalytic observers seem to believe that parental indifference or hatred for the child is just as frequent, or even more so, than love. While this opinion is probably exaggerated, we have to consider that, in the poorly integrated personality of a neurotic mother, love and hate toward the child do not exclude each other and that even neither of them rules out indifference. She may love her child when she realizes his helplessness and dependence upon her, she may hate him when she fears to lose her husband's affection because of the child, she may be indifferent toward him when affection would interfere with the pursuit of ambitious aims of hers. While a multiplicity of purposive patterns will be found co-existing in every normal person, it is only the neurotic in whom the contradiction of trends is allowed to co-exist uncontrolled.

Unadmitted rejection accounts for waywardness in children, for lying, stealing, truancy, or sex delinquency. The child's misbehavior increases his mother's hostility and seems to justify it. Thus, a vicious cycle is established which, sometimes, may be stopped by improvement of the child's behavior, due to direct treatment, and by explanation given to the parents.

In those cases in which the mother does not change her entrenched position, psychiatric treatment of the mother might help, but is rarely possible. If the father and other members of the family are enough interested in the child, it may be advisable to explain to them and make them understand that it would be up to them to compensate the child for the lack of motherly affection. Thus, the entire family situation may change to the better, and then the mother, too, may fall in line, softening up, to some extent, in the more affectionate atmosphere.

Where this is not possible, the only way of securing adequate after-care for the unloved child is to remove him from the place where dissatisfaction and unhappiness are pushing him downhill every day. A foster-home is the adequate solution—if such can be found. Children of that type are not likely to do well in an institution, because institutions do not supply what they need in the first place—motherly love and attention.

The child-father relationship seems to be, on the average, secondary in importance, as compared to that between the child and his mother. Neglect from the father's side may be compensated for by motherly attention, particularly in girls. However, while it is not likely to cause delinquency, the girl who felt rejected by her father may, later on, meet considerable difficulty in establishing normal relationships to the other sex. Boys, under similar conditions, are likely to turn against their fathers in open hostility, and to transfer their rebellious attitude on every authority they will meet later in life. It is worth while to inform the father of these potential dangers, and to arouse his sense of responsibility. It may be that, due to a typically masculine prejudice, he considered the care of the children entirely the mother's business. Once his

attention has been called to the fact that his children have justified claims on him as well as on their mother, he may change his attitude, primarily out of a sense of duty, and may eventually learn to like it

Wherever rejection by an older brother or sister appears to be an important factor of the faulty family structure, the chances of improvement and success in after-care are not bad. If only the counsellor finds the right approach, the older one may be brought to realize his part of responsibility and to cooperate. The psychiatrist may decide to take him into his confidence and to make him understand how much depends on his help. Together with the dignity of a co-worker of his parents and of the psychiatrist, he often is glad to assume the responsibility that goes with it. In the new configuration, sacrifices are no more felt as such, because they are not imposed upon him by parental authority, but willingly accepted as parts of his rôle as an assistant educator. A child, once put in the right position, may be a much better educator than many adults. He speaks the little one's own language, understands his desires, his joys and frustrations because they are similar to his own. Much of the after-care can be left to him.

Sometimes, grandparents living in the same home constitute a serious problem. Grandparents, particularly grandmothers, are often inclined to spoil their grandchildren more than they ever spoiled their own children. As a compensation for the loss of importance due to their age, they try to take the lead in rearing their grandchildren. Spoiling often emerges as one form of unfair competition for the grandchildren's love. Because of the privileges granted to their age, this interference with educational policy is hard to deal with. In addition, the grandmother not only rejects the parents' opinion, but also expert advice, convinced as she is that her own practical experience in rearing children outweighs all the new-fangled foolishness of child-guidance and psychiatry. To obtain her cooperation appears to be hopeless. Therefore, after-care of children with grandparents in their homes often has a poor prognosis. The best that can be hoped for is, peaceful removal of the guilty party, carried out by parents who feel that their duty toward the younger generation precedes the one toward the older.

An indefinite number of special family constellations could be described and analyzed, everyone of them offering special problems to solve. We do not have to point out that no typology, be it even based upon ample and careful observation, overrules the individual case with all its unique particularities. Successful after-care requires careful analysis of the set-up present in this one family. The experienced psychiatrist is usually able to recognize the "leading person" in the child's environment, the one whose understanding and cooperation is of prime importance. Once this person's good will has been won, to act along the line designed by the Clinic, the others often fall in line. Also, an improvement of the child's behavior, possibly achieved by direct treatment, may remove an irritating factor which formerly caused unrest and discord in

the entire family. Parents who had been on edge most of the time because of the unending trouble caused by the child have a chance to relax and take a friendlier view of the home situation. Thus, in case of a real happy ending (which, we know, is not at all frequent), the cure of the child's behavior problems may initiate the cure of a neurotic family.

(2) FOSTER-HOME

Wherever after-care has to be turned over to foster parents, the choice of the foster home usually determines the outcome of the case. Not much can be added, in this respect, to the ample literature existing on this subject. The choice of the foster home is among the most difficult tasks of the social worker in charge. Already, proper consideration of the physical adequacy of the new home, rooming space, neighborhood, cleanliness, proper nourishment, etc., is apt to narrow down the number of potential homes. The cultural and educational background of the prospective foster parents and other members of their family is another factor. These conditions have to be primarily considered when a social agency is responsible for the placement.

However, after physical and cultural adequacy have been taken care of, psychological adequacy comes into the foreground, a problem by far more difficult to solve.

Rearing other people's children and getting paid for it is a job just like other jobs; it is well done only when the person doing it has a stake in doing it well. That requires personal interest in the task to be accomplished. In persons of good cultural level, this interest may be even more marked if the task is harder, i.e., in case of a problem child.

The chief advantage of a good foster home, as compared with an undesirable type of the child's own family, and with group education, lies in the fact that the good foster mother combines an adequate amount of motherliness with the more objective attitude of a professional educator. The former provides for the child's emotional needs, while the latter helps her to avoid the customary mistakes made by real mothers. Naturally, actual foster homes rarely come close to the ideal. Shortcomings may be found in both directions: lack of personal attachment and emotional neglect on the one hand, too much attention and spoiling on the other. The latter seems to be more frequent. Many foster mothers are apt to spoil the child because they are overanxious to demonstrate their attachment to those who might question it, and because to win the child's love is too much of a matter of personal ambition for them.

Errors of educational attitude are just as hard to correct in foster parents as in real ones. Their effect upon the child may be different. It is obvious that strictness without understanding is much better tolerated when it comes from real parents. Their love is unquestioned even though they are foolish enough to believe that undesirable behavior of a child can be punched out of his personality by hard punishment. The same method, however, proves disastrous

when used by foster parents who are not credited, by the child, with benevolent intentions of parental love.

Success in foster home care is easier in young children. In the case of a small child, the parents as well as himself are mutually much more inclined to accept each other in an all but genuine family relationship.

With older children, it is different. Frequently, the new home seems to be a full success in the beginning. The child appears to be happy, satisfied, co-operative; the foster parents, proud of their immediate success, offer him the immediate reward of genuine parental love. But just at a time when everything seems to be at its best, the child has a relapse. Disappointment which follows is likely to be blamed on the child, just as he received credit for the preceding success. In this situation, punishment is likely to assume some traits of resentment and hostility. Thus, the scene is set for a well known vicious cycle; repeated misbehavior induces stricter punishment and vice versa. After a while, the situation becomes untenable.

This failure, which is most frequent in delinquent children, can be explained. The child has a natural trend to re-establish the old situation in his new home. In fact, the older child is much less governed by his environment than the latter is governed by him. In small children, the opposite is true. While living in the same environment, the child's personality grows into maturity and slowly takes shape. Its plasticity decreases, and its configuration tends to become more and more rigid. It is what might be called dynamic rigidity, comparable to that of a die, capable of and tending to mold every new environment into the image of the original one. Older children and neurotic adults try to create, ever anew, similar situations, be it also with different casts, to which they can respond the way they are used to, and thus to keep the vicious cycle of their maladjustments going.

Foster parents ought to be informed of the potential relapse to come, and be enabled to meet it. The "wickedness" of a delinquent child can only be conquered by discipline combined with kindness, with the emphasis definitely upon the latter. The child ought to be made to feel that disapproval refers to his deeds only, not to himself, and that the foster parents' confidence is not altered by the fact that he slipped. Thus, the vicious cycle is discontinued on their side. The new configuration which is supposed to replace that of delinquency, is centered around his sense of honor and self-esteem. These can only emerge from a family group in which he is accepted as a responsible person carrying moral value, like all the rest. He may eventually fall in line. At least, nothing will help if that does not.

The question offers itself which place religion has in foster home care. It is obvious that the attitude pointed out above, particularly with regard to condemnation of the sin, but not the sinner, is basically religious, or, more specifically, Christian. It is equally true that the psychological effect of prayer is entirely along the line of moral rehabilitation in the sense described. Hence,

sincere religiousness of the foster home may be just the right atmosphere in which after-care can succeed. However, there are important limitations to that. First, we do not believe that religious teaching and observance of rites carries much ethical value in younger children unless they have grown up in that tradition. At the age of six or seven, it is probably too late to build up this tradition if it has been neglected before. On the other hand, it is too early for conversion, i.e., for the acceptance of a truly religious attitude with its ethical implications. Maturity for that is hardly ever attained before the adolescent period. Furthermore, this aim can never be accomplished by regular church attendance. That means nothing to the child and is likely to produce the opposite of the desired effect, influencing him against religion rather than for it. The only way of religious education is by example. Religiously minded foster parents who demonstrate kindness and charity by their own lives and practices are using the only method of religious education available. Sometimes they may enjoy the great satisfaction of the child asking them to take him along to church. This, of course, marks the successful end of re-education rather than its means.

(3) INSTITUTION

Since there can hardly be any doubt that the family is the most adequate environment for every child, institutional care is always a substitute needed in case neither the child's own family nor an appropriate foster home is available for after-care. Nevertheless, the number of problem children who have to be committed to institutions is considerable. On the one hand, acceptable foster homes are rarely available for every child in need, and, of course, a good institution is preferable to a bad foster home; on the other hand, institutional care is so much less expensive than foster home care that the average community, which never has quite enough funds for welfare purposes, has to make use of the available institutions for budgetary reasons. Therefore, the question often arises how to select, among a number of children to be placed, those who are more likely to adjust in an institution than the rest, and those who need foster home care in the first place. No hard and fast rules can be established, in that respect. Children whose difficulties have developed due to spoiling and pampering, will naturally be very unhappy in an institution where nobody receives special attention. Relative neglect may, under these circumstances, create new difficulties to replace the old ones. On the other hand, the same children when placed in a foster home, have too good a chance to be spoiled again—they take care of that themselves. It may be an acceptable compromise to assign them to reliable foster homes for a limited period of transition in order to prepare them for the cooler atmosphere prevalent in the institution to which they may be committed after a few months. Neglected children, on the other hand, will often appreciate the change for the better from a home where nobody seemed to care for them, to an institution where

their physical needs are well provided for, and friendly and sympathetic attendants are helpful in many ways. In fact, these are the cases in which most gratifying results can be expected from group education. However, that holds for older children in the first place, and not always for too old ones. Young children who got into trouble due to neglect, need motherly love, even some spoiling, more than anything else. They ought to have first priority when it comes to assignment of the foster homes available. As they grow older, they lose, more and more, their ability for real attachment. In that respect, even the kindest foster mother may not do them much good, anyway. Juvenile delinquents of this hard boiled type are likely to misuse personal kindness, taking advantage of what appears to them like weakness and stupidity. To save what can be saved, for them the institution is often the better place. However, these rules can only be applied with many exceptions, based upon thorough understanding of the individual child. We would not consider any rigid age limit to differentiate between prospective foster and institution children.

The success of after-care in an institution depends entirely upon what kind of an institution it is. Accordingly, the decision in favor of group education may be easier, other things being equal, in areas where positively good institutions are available, whereas in those parts of the country where institutions are not far advanced beyond the level of old-fashioned orphan asylums and reformatories, every effort has to be made to place as many children in families as possible. If proper selection is made, and if the institution meets modern standards, its results in after-care are likely to be good. The advantages of group education when compared with the bad sides of home education are well known; in the first place, there is the "negative" advantage which consists in the fact that group educators usually commit much less educational sins than parents do, because they are usually trained for their job, and because there is no altogether too personal and emotional attitude interfering with the application of educational principles, as it invariably does in homes; furthermore, because the community of equals, represented by the children's group, offers an excellent opportunity for social training. No particular suggestions for after-care in group education are needed, since everything is provided for in the organization of the group. Newcomers usually require some additional attention in order to help them to adjust. However, to maintain that permanently and, thus, to favor one particular child because he had been a problem child, would be inconsistent with the spirit of a good institution and would give undesirable results for this child as well as for the others.

(4) SCHOOL

The importance of the school's cooperation in after-care of a problem child need not be emphasized. Very often, failure or misbehavior in school or truancy from school are among the chief complaints anyway. Placement in special classes or termination of school education will be arranged by school authori-

ties wherever necessary. If failure in school appears to be due to behavior problems rather than mental deficiency, the teacher's full cooperation is needed to reconcile the child with the school situation.

Another question is, to what extent the teacher is equipped to assume his share of the job of readjustment. Naturally, he ought to be thoroughly informed about the result of the psychiatric studies in a particular case. A teacher who previously considered dismissing a child whom he considered mentally deficient, faces an entirely new situation when advised that the child's failure in school is due, say, to shyness or lack of confidence in his ability to cope with the school situation. If he is interested in his educational mission he will take up the challenge and give as much special attention to the discouraged child as is needed. His task is, to make the child feel at home in school and, thus, to enable him to utilize his mental resources for the task to be fulfilled. Cases of this kind give a favorable outlook and promise gratifying success to the teacher. In others, it is not quite as easy. Active misbehavior in class, e.g., can usually be explained as growing out of a particular home situation. However, even with this knowledge, the teacher may find it hard to do something about it. If he tries to do the right thing, i.e., to ignore the child's misbehavior, this may interfere with his responsibilities toward the group. Misbehavior in class tends to be contagious. There is always a number of students who admire the one who dares to break discipline and to defy the teacher, and try to do even better than he does. In a short while, the situation may be entirely out of the teacher's hand, and he the victim of a gang of little law-breakers exulting over his helplessness. Use of disciplinary power offers no satisfactory solution. A better way would be to win the gangleader's cooperation by a personal interview. One might give him a chance of gaining the importance he desires by more desirable means, making him an officer in charge of important class interests. This may be called bribery but, being for the common good, it appears to be legitimate. If that does not work, the teacher may take the rest of the class in his confidence, telling them about some of the child's troubles when he happens to be absent. This might turn their admiration for the "tough guy" into sympathy for a child who tries desperately to make a big nuisance out of himself because he does not believe he has a chance of being something "big" along more useful lines.

A similar procedure may be advisable wherever a child is rejected by the group. The tragedy of the unpopular child cannot simply be solved by the teacher's favoring him in a compensatory way. This policy often arouses the other children's resentment, now directed against the teacher together with their former victim. The reasons for the child's unpopularity are secondary in importance. Children, particularly groups, are often cruel almost beyond limits. They enjoy teasing and ridiculing a fellow for something peculiar in his appearance or in his speech, regardless of whether he is responsible for it, just because he is different. However, this undesirable mass spirit can often

be turned into its opposite, if only the teacher is enough of a leader to arouse sympathetic helpfulness instead of hostility, and to make the group realize that cowardly aggression against a single victim is nothing to brag about.

Thus with proper methods applied, the liability of having a problem child in the class can be turned into an educational asset for the group. Naturally, that requires a teacher's ability to cope with the problem. It is no use denying that skill in teaching and skill in handling children do not coincide. Unfortunately the curricula of most teachers' colleges cover teaching aptitude to a full extent, while neglecting the instruction in practical psychology. Everybody can learn how to teach, but passing all the examinations does not necessarily mean that he will be a good teacher. Besides the personal qualifications required for that—which, we admit, can only be proved or disproved in actual practice—thorough training in child psychology and mental hygiene are needed. In addition it should be made a professional duty for every teacher to attend at regular child guidance staff meetings held within the area of his activity and, thus, to improve continuously his ability of understanding children, and to keep up with advances made in the field. No teacher who wants to do a good job would object against an obligation of that kind. Those who do, are not apt to be teachers, anyway.

(5) RECREATION

Recreation offers largely the same problems as school does, as far as after-care of difficult children is concerned, the more so since school is amply in charge of organized recreational activity. The maladjusted child has to be introduced, or re-introduced, into the recreational group. He has to be made acceptable and to be encouraged for the effort required. The educational value of sports and games need not be explained. Adjustment to them is, in one way, easier than school adjustment, since it is essentially pleasurable activity, based on free choice, with no drudgery to it and with no poor marks threatening those who fail. However, for certain types of children it may even be more difficult than school. To them, the mandatory character of school-work makes it to be something they have to take for granted and to accept. When it comes to sports, they may try to escape merely because they can easily do so, and they do escape in order to avoid potential defeat. Hence, the mere fact that a child is willing to join sport activities may already prove that he has gone a long way toward readjustment.

Once he has done so, group recreation may help him greatly for further progress. It may be his first practical training in the observation of rules agreed upon, and in fair play. It may help him to consider his own merits as subordinate to the credit earned by the team to which he belongs. It may teach him cooperation for a common goal, with the premium of the group's appreciation given to cooperative effort rather than to personal achievement. Of course, this is not true for all the sports to the same extent. Quite a number

of them may offer dangerous opportunities for developing egotistic ambition, vanity, and jealousy. For the after-care of children with behavior problems, then, much depends upon the proper choice in recreation. It will be up to the physical educator to recommend desirable games, in a given case, and to discourage the other ones. Therefore, physical educators, responsible leaders of play-groups, boy and girl scout groups, etc., need psychological training just as teachers do.

The companionship of books is among the foremost factors of readjustment. The question arises to what extent, and in which way, responsible adults at home and in school ought to exert censorship. The tremendous appeal of "forbidden" books is too well known. The chances are that mild discouragement would not suffice to discard them. However, it seems that the potential danger of "bad" books is greatly overrated. They usually do only harm to those children who are already, for other reasons, heading in the wrong direction. It appears much more important to encourage a child's reading good books than to prevent him from reading bad ones. If a person who has a child's confidence is genuinely enthusiastic about a book he just read (and educators should certainly read books written for children), that alone will induce the child to read it too. With a sufficient supply of good books at hand, the bad ones will be crowded out, not because they would not appeal to the child (they usually do, unfortunately), but because he does not get around to read them.

The same holds for radio programs and picture shows. In both, the problem of fitting a certain amount of necessary censorship into our democratic way of living has been basically solved. Still, there is some difference between more desirable programs and those which are less. The chances are that the more thrilling programs and pictures are not necessarily the most desirable ones in an educational sense. The fact that the bad man loses, has not much educational value. For the boys, the emphasis is on the shooting, not on morals. On the other hand, it appears that not much harm is being done, that way.

(6) NEIGHBORHOOD AND FRIENDS

Influences coming from a child's environment outside of his own home are less intense than those exerted by the family, and less systematized than those of school, institution, and organized recreation. Still they may be just as important. It seems to us that, for the average social worker, the concept of "desirable" neighborhood is too much based upon the economic standard of the people living in that area. Naturally, there is consensus of opinions about the fact that slums are undesirable environment for any type of children. Therefore, whenever financial support is needed to move a slum family into a better district, it should be given for the children's sake, if for no other reason. However, the ideal neighborhood is not necessarily the one with the highest economic level. A child should feel neither superior nor inferior to

children living in the next block, particularly when he is going through the process of readjustment. The neighborhood, even more than school, constitutes the experimental group on which he has to learn how to make friends. Differences of economic standards in either direction make it harder for him.

Once the social and economic adequacy of the neighborhood is established, parents and foster parents should not be encouraged to influence and supervise the child's choice of friends. There is a widespread tendency among parents to explain behavior troubles in children by "bad company." This is obviously an easy way of dodging their own responsibility. Certainly, it may be true that the son of respectable people who started making trouble in school, playing truant or even stealing, took his pattern from a gang of wayward youngsters in the neighborhood. However, many other children, living in the same block, did not fall victims to the same bad example. Investigation will bring out the fact that the bad influence only becomes effective in children who are susceptible to it, e.g., due to emotional neglect in their own homes. For that, however, the parents are responsible, and even the most careful selection of playmates would not make up for the child's "affect hunger" (D. Levy). In fact, the child should be as independent as possible in the choice of his friends. He should not be guarded against his own experiences and against disappointments in friendship, against treachery, disloyalty and falsehood. It would even be wrong to warn him ahead of time whenever parents anticipate trouble to come from some enthusiastic friendship, and still worse to humiliate him afterwards by the accursed remark "Didn't I tell you?" What the child has to learn is, to plant his trust in reasonably safe ground, and yet to take chances if need be; to utilize bad experiences for growing wiser, and not for developing general suspicion against everybody. For that, he has to be left alone, and no advice should be given unless asked for.

A somewhat difficult problem arises in the after-care of cases of sex delinquency, particularly in girls. In those rather frequent cases of precocious sex activity or even prostitution among girls below 14, usually occurring in slum districts, a radical change of environment has to supplement direct treatment. Foster home care appears to be indicated for those whose own families are undesirable and not apt to improve. The question arises to what extent foster parents have to supervise and restrain a formerly wayward girl's social relationships, knowing that she cannot yet quite be depended upon, as far as sexual misbehavior is concerned.

The answer is the same as in other forms of delinquency. If a child who has been caught stealing is henceforth treated as a thief, he may be technically prevented from further delinquency, but, at the same time, he will be deprived of any chance of real recovery and rehabilitation. The only way of proper treatment consists in trusting him, just as if he never had been dishonest. The same holds for sexual delinquency. The wayward girl who is locked in, be it in a convent or a home, is certainly prevented from meeting boys; how-

ever, just because of the obvious distrust she meets, and the humiliation of being treated like a prostitute in jail, she fails to develop any trend toward improvement. Dreaming of the day when she will regain her freedom and be able to do whatever she wants, she learns to hate decency and morality as the rules forced upon her by her jail wardens.

Again, confidence is the first requirement. That means, of course, taking chances. Sometimes a wayward girl may take advantage of the freedom granted to her, and relapse into her former misbehavior. On the other hand, there is no other choice. What can be done, besides complete trust, consists in positive arrangements for more desirable forms of recreation and entertainment, such as games, sports, music, books, the summer camp, etc. There is no reason why harmless contact with boys should be forbidden in dances, common games, or—for older girls—even dates, provided that the foster mother does what every conscientious mother would do with every girl: making it reasonably sure that the boys in question are of the right kind.

Kindly and unobtrusive re-education along these lines usually proves successful. Those who do not respond to it, obviously have gone too far astray and would not have improved under stern discipline either.

(7) VOCATION

In many older children and adolescents, vocational guidance appears to be the essential part of treatment of behavior problems. There are those who have been rapidly losing interest in school making poor marks, causing trouble in the classroom, or defying the teacher. Sometimes, it is just the outstanding symptom of general maladjustment. Quite often, however, rejection of school appears to be primary and genuine. The child develops, for various reasons, an intense antagonism against the drudgery of courses which do not offer any particular interest to him, and a wild rebellion against any kind of school discipline. At the same time, a study of his home life may prove that he is not at all lazy in the pursuit of his hobbies, he loves to tinker around with his father's car; he draws portraits or cartoons; he spends hours with the chemistry set he got for Christmas, or he actively contributes articles and poems to the Juvenile page of the local newspaper. Boys and girls around 15 who apparently are shifting emphasis, that way, from school to work of their own choice, may have actually outgrown school education, at least for the time being. Their parents should not insist upon their finishing school, and rather give them a chance in vocational work. They might—and often do—return to school years later, when they begin to realize that, after all, school education is not quite as futile and contemptible as they thought it was, and eventually obtain their degrees in night classes. But previous to that, they needed the miraculous release of tension achieved by the permission to leave school, to go to work and make some money. It is surprising to see how easily a "maladjusted" youngster will adjust even to unpleasant working conditions,

once he has decided to cooperate and do as best he can. To let him go ahead with his own vocational plans may be the only after-care he needs, after the excited struggle for freedom and self-determination which marked his transition from childhood to adulthood.

Naturally, there are cases more difficult than that. An adolescent's first contact with vocational life may be a failure, even though it was his own choice. He may, in rapid succession, try a series of different jobs only to find fault with every one of them, using shallow excuses and alibis. The explanation is obvious that these children have not yet grown into maturity as far as work on their own responsibility is concerned. Some of them are accessible to direct treatment and have a chance to improve under the psychiatrist's guidance. In the period that follows, the selection of the right job may be essential to prevent a relapse. It is important to make the very next job a success, be it only a mediocre one, viz., in a small position with little responsibility. Even that will carry weight, when compared with the series of failures which preceded it. Once the patient has tasted the satisfaction of his own achievement, he will soon be able to go ahead under his own steam. Thus, the former vicious cycle, leading from failure to discouragement, to renewed failure, and still deeper discouragement, will be turned the opposite way, leading upwards.

(8) THE TASK OF SOCIAL WORKERS AND PUBLIC HEALTH NURSES

The condensed survey of after-care problems given in these pages goes to show that "after-care" is, indeed, an area of overlapping of two essential sections of Mental Hygiene; it is, on the one hand, continuation of treatment, carried out in accordance with the findings and suggestions of the psychiatrist; on the other hand, it consists in the establishment of healthy environmental conditions, the same which, if they had existed beforehand, would have prevented behavior problems in the first place. This defines the twofold responsibility of social workers, public health nurses, probation officers, ministers, and other persons who are in charge of after-care.

Continuation of treatment in the spirit in which it had been started and carried out by the Guidance Clinic, requires thorough psychological and psychiatric understanding of the individual case. Therefore, it is necessary that the worker who is supposed to maintain contact with the child and his home after treatment is terminated, should participate in the treatment while it is going on. She should not only be familiar with all the facts and their psychological interpretation, with the environmental factors and their importance, but she should also establish personal contact and friendship with the child himself, while he is still a regular attendant of the Clinic. Thus, difficulties and conflicts which may turn up sooner or later, can be taken care of and straightened out by the worker without resorting to the psychiatrist. The latter ought to stay in the background, once treatment is terminated, and only act indirectly by advice given to the worker. To resume direct treatment may sometimes be

necessitated by untoward developments. But it ought to be limited to cases of real necessity, since it usually implies, for the child, the impression of a discouraging setback.

Equal in importance is the worker's good relationship with parents, foster parents or other persons in charge of the child. Her approach to them is often better than the psychiatrist's, since the latter's indisputable authority is sometimes resented and, anyway, makes it often difficult for parents to enter into a frank discussion of problems which they do not seem to be able to solve. The worker has to act as an intermediary between the psychiatrist and the parents on the one hand, between the parents and the child on the other. For that, he needs confidence from all the parties concerned. If either the parents or the child resent her interference, she cannot accomplish anything. Once her activity in after-care is willingly accepted, the problem may arise how to terminate it after it has ceased to be necessary. In view of that, workers should not let their professional relationship to the family grow into an altogether too personal friendship. Otherwise, parents and children may resent as treachery the severing of the ties which is bound to occur due to the worker's other obligations, and the best results of treatment and after-care may thus be jeopardized.

Not much has to be said about the worker's responsibilities with regard to the establishment of healthy environmental conditions. Naturally, in that respect her power is limited by circumstances. Within these limits, however, much can be accomplished by expert advice and help in matters of schooling, recreation, home conditions, etc. It is hardly necessary to point out that one of the most indispensable requirements for this advisory activity is natural tact. The sensitivity of many people living under hard-pressed economic circumstances, their pride preventing them from accepting relief, have to be considered. The advice to make arrangements for living quarters separated from undesirable grandparents, uncles or aunts may be thoroughly justified, and yet it may be a mistake to approach the question directly because of deep-seated loyalties and attachments which must not be ignored, and which may render the desired solution impossible.

Since success in after-care largely depends upon the understanding, skill and diplomacy of social workers, probation officers, and public health nurses in charge of the follow-up work, proper selection and proper training of these is an all important factor. In addition to the handling of the case itself, they have to forward the psychological and psychiatric instruction they received to the lay public, i.e., to parents, siblings and other relatives, and thus to spread much needed knowledge about proper treatment of children in an unsystematic but most effective way. The same holds, of course, for ministers. In this great job of invisible infiltration of improved educational methods among people hardly accessible to systematic training, after-care and prevention along the lines of Mental Hygiene actually coincide.

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PART FIVE

TRAINING FOR CHILD GUIDANCE

TRAINING OF THE MEDICAL MAN IN CHILD PSYCHIATRY

By

GERALD H. J. PEARSON

INTRODUCTION

THE function of the physician is to alleviate the suffering and misery caused by illness. He does this by instituting measures which will cure the sick person or, if his illness is incurable, which will reduce his suffering and disability to a minimum or which will prevent healthy persons from becoming diseased. In order that he may carry out this function as effectively as possible, he must receive a thorough training concerning the anatomy, physiology, and pathology of the human being, the signs and symptoms of the healthy and the disturbed functioning of the human organism, the nature and organization of the agents which produce disease, and the technical procedures best suited to preserve life and restore health. With these platitudinous statements everyone, physician and layman, will agree. When this agreement is studied carefully, however, it will be found that often it is only a superficial one. All will agree and insist that the physician must have this scientific training in the functions and dysfunctions of the human body but there is not such agreement and insistence that he be as scientifically trained in the functions and dysfunctions of the human personality and so-called "personality" dysfunctions i.e. disturbances of the integration of the human person which cause as much suffering and discomfort as the dysfunctions of the bodily organs and often express themselves by actual disorders of the functions of these same organs. This seems a ridiculous disagreement because unless the physician has been trained to understand dysfunctions of the personality he will be lost when confronted by a case like the following:

Case 1. An 11-year-old white girl was admitted to hospital with an acute attack of abdominal pain, vomiting and constipation. On examination she was found to have a normal temperature. Her pulse rate was 98, her respiratory rate 20, and her blood pressure was 115/65. Her abdomen was flat, there was no muscle rigidity. There was tenderness to palpation over the right lower quadrant where an indefinite, tense, clump shaped mass could be felt, which disappeared and reappeared during several examinations. The descending colon

could be rolled under the fingers and was tender. On rectal examination there was a definite tenderness and a vague swelling on the right side of the pelvis. Her blood count repeatedly was normal. Radiological study of the gastrointestinal tract showed no evidence of organic disease. Intensive and painstaking investigation of the child revealed no evidence of an organic cause for her illness.

What will the physician who has not been trained in understanding personality dysfunctions—neuroses, psychoses and behavior disorders—do for the treatment of this child? He will be as baffled in trying to render effective aid to her as the layman would be in trying to render effective aid to a person suffering from acute appendicitis and because he is baffled, he will be liable either to tell the parents that there is nothing wrong with the child or to consider her a malingerer. While if he has been trained in understanding personality dysfunctions, he would begin an intensive and painstaking investigation of the child's emotional life—her fears, love, hates and ambitions and the methods she has used to express and to refrain from expressing these feelings. (This was actually done in this case and it was found that the child's emotional life was seriously disordered. Adequate treatment for these disorders resulted in a cure of her illness and in restoring her ability to function as a happy, successful, human being. I am going to use the data from this case from time to time in this chapter to illustrate the various points about training that I wish to make.)

I do not think anyone will question the statement that it is the duty of every physician to be able to understand such a case because this girl complained of physical suffering. However many children suffer from forms of neuroses, psychoses and conduct disturbances which do not have disorders of physical function. Is the understanding of such cases really the duty of the physician? If the physician does not think this is part of his duty, the layman does, for more and more the doctor's clientele consult him for the diagnosis and treatment of psychoses, neuroses and character disorders whether they are associated with physical symptoms or not. Also, everyday careful scientific researches are revealing new data as to the importance of disorders of the feelings—fear, love and hate—in the production of physiological dysfunctions and dysfunctions of conduct. So much is the study and treatment of these disorders considered the function of the physician that a few years ago a medical journal (*Psychosomatic Medicine*) was inaugurated for special consideration of such conditions.

In this particular case it is evident from the history that after a few days this child will recover from her attack of pain without any aid. She will have other attacks but they will not endanger her life. Is there, therefore, any need for the physician to spend any time with this case and will not the time he does spend, perhaps to satisfy his curiosity about its etiology and pathology, be so much wasted energy and of little practical benefit to the child? Also if

he would like to be able to prevent this child having a recurrence of the attack is any treatment necessary, for is it not likely that she will grow out of her difficulty as she gets older? I can answer these questions by the report of a case

Case 2. A girl of six while attending a movie with her mother suddenly became overcome by a severe panic. She began to shriek, weep and cry and caused so much disturbance that her mother had to leave the movie. For the next month she could not allow her mother out of her sight—even to go to the next room. If her mother did leave her, the child had another attack of panic. She could not play with her friends, could not visit her relatives and could not go to school. She ate poorly and slept fitfully, awakening frequently in terror because of fearful dreams. Careful investigation of her physical condition revealed no organic disease nor did her symptoms resemble those of any known organic dysfunction but an equally careful investigation of her emotional life would have revealed serious disorders which resulted in her suffering and unhappiness. The data of this case was deliberately taken from the corroborated history of a girl of 26 who came to the physician because she felt that neither she nor her family and surrounding were real, because she had acute attacks of panic if she went alone on the street and because she had many physical discomforts—headaches, nausea, abdominal distention, constipation, frequency of urination, sore gums, attacks of itching and burning of her eyes, loss of appetite and disturbed sleep. She could neither work nor carry on any social life and although she longed to be married and have children she felt so uncomfortable with men that she could not have any friendly contact with them. Her attack at the age of six years seemed to disappear after about a month but shortly after that she began to stay in her house most of the time, stopped playing with other children and was unhappy at school. As she entered adolescence she began to have frequent attacks of minor illnesses, gave up the few girl friends she had as soon as they became interested in boys and made such a companion of her mother that all her acquaintances commented on it. She never enjoyed herself at the few parties she attended and would develop a headache or a feeling of nausea when she received an invitation to one. Thus although her acute attack seemed to disappear, it changed only into a chronic feeling of panic which, because it was so painful, caused her to limit and restrict all her natural desires and inclinations lest she place herself in a situation which would produce the acute feeling of panic. She did not grow out of her illness but so altered her life that she could avoid her symptoms to a great extent. Similarly a person allergic to certain pollens will not have an allergic attack if he avoids the places where the pollens are. Avoidance of all situations in which she felt panicky, of course, was not possible as long as she remained alive so she had to alter her thinking and persuade herself that the situation in which she found herself panicky was not real or that it was not really she who was in the situation. Countless similar examples could

be cited to show that children do not grow out of these emotional illnesses but that the child alters his activity, relinquishes and avoids his natural inclinations and forms of satisfactions and year by year becomes more crippled and unhappy.

From these examples I think it is clear that if the physician really desires to fulfill his professional role of aiding human suffering, he must be as well equipped to deal with the suffering caused by emotional illnesses as he is to deal with the suffering caused by organic illness. To do this he should be as well trained in his knowledge of emotional disorders as they affect both children and adults as he is in his knowledge of organically produced disorders. It is especially important that he understand the emotional illnesses of children because through such knowledge he will be able to institute measures which will prevent the later occurrence of emotional illnesses in adult life.

THE HISTORY OF CHILD PSYCHIATRY

The scientific knowledge concerning the emotional illnesses of children has been obtained from those physicians who have specialized in child psychiatry. This specialty was an outgrowth of the second psychiatric revolution (from 1890 on) as Zilboorg¹ has called it. As long as the emotional illnesses of adults—whether their symptoms were disorders of physical functions or disorders of character and interpersonal relationships—were regarded by psychiatrists as well as physicians and laymen as being the result of inborn wickedness or of some obscure and undemonstrable brain disease, it is not conceivable that the illnesses of children would be considered from a different point of view. Before the second psychiatric revolution, children whose behavior was asocial or anti-social were "bad" children and had to be beaten into "good" behavior and children who showed neurotic physiological dysfunctions were regarded as suffering from some obscure brain disease and treated accordingly. Children with mental defect of course had been recognized and institutions had been founded for their care and protection and education. Little more had been done until Freud's careful and painstaking investigations gradually established the emotional pathology of these illnesses. He had considered children's emotional illnesses before the publication of his work, "The Interpretations of Dreams," in 1904. In this book² he states "that the sexual intercourse of adults appears strange and alarming to children who observe it, and arouses anxiety in them, is, I may say, a fact established by everyday experience. I have explained this anxiety on the ground that we have here a sexual excitation which is not mastered by the child's understanding, and which probably also encounters repulsion because their parents are involved,

¹ Zilboorg, Gregory and Henry, George W. A History of Medical Psychology Chapter 11, W. W. Norton & Co., New York, N. Y., 1941.

² Freud, Sigmund. The Interpretation of Dreams, p. 523. The Basic Writings of Sigmund Freud. Random House, New York, 1938.

and is therefore transformed into anxiety. At a still earlier period of life the sexual impulse towards the parent of the opposite sex does not yet suffer repression, but as we have seen expresses itself freely.

"For the night terrors with hallucinations (*pavor nocturnus*) so frequent in children I should without hesitation offer the same explanation. These, too, can only be due to misunderstood and rejected sexual impulses which, if recorded, would probably show a temporal periodicity, since an intensification of sexual libido may equally be produced by accidentally exciting impressions and by spontaneous periodic processes of development.

"I have not the necessary observational material for the full demonstration of the explanation. On the other hand, pediatricists seem to lack the point of view which alone makes intelligible the whole series of phenomena, both from the somatic and from the psychic side."

He published his first actual study of an emotional illness in a child in 1909³. Freud's pioneer work was taken up at once by his colleagues among whom the most outstanding were Ferenczi and Abraham in Europe, Jones, then in Canada, and Brill, Jelliffe, and White in the United States. His contributions also exerted a profound effect on the eminent American psychologist and educator, G. Stanley Hall, and the eminent psychiatrist, Adolph Meyer. Dr. Meyer, whose contributions to American psychiatry began in 1902, was the real pioneer in the United States in pointing out the need and desirability of the study and treatment of children's emotional illnesses whether psychosomatic, neurotic or expressed in their behavior and the desirability that physicians should have this knowledge included in their medical training. When he was appointed director of the new Phipps Psychiatric Clinic in 1913, he had the opportunity of making practical application of his ideas. Subsequent to World War I, the National Association for Mental Hygiene—founded in 1909 by the combined efforts of Adolph Meyer, Clifford Beers (the author of "The Mind That Found Itself"), Elmer E. Southard, Thomas W. Salmon and Frankwood E. Williams—turned its attention to the neuroses and behavior disorders of children. In 1923, it endowed demonstration clinics for their study and treatment in certain large cities. These clinics were constructed on the lines already found effective by William Healy in Chicago (since 1909) and in Boston. (Already since 1912 psychiatric work with children had been carried on at the Boston Psychopathic Hospital and also since 1915 at the Allentown State Hospital in Pennsylvania.) The original directors of these clinics—Frederick H. Allen, Henry C. Schumacher, Lawson G. Lowrey and others—nearly all pupils of Dr. Meyer, had the responsibility of training a great number of psychiatrists so that from its inception the so-called "Child Guidance Movement" spread by leaps and bounds, as is evidenced by there being enough psychiatrists interested in child psychiatry to found the American

³ Freud, Sigmund. *The Analysis of a Phobia in a Five Year Old Boy*. Collected Papers, Vol. III, p. 148. Hogarth Press, London, England, 1933.

Orthopsychiatric Association in 1924. The psychoanalytic specialists were also turning their attention to the study and treatment of children's emotional problems by psychoanalytic methods. Anna Freud, Melanie Klein and August Aichhorn gave much of their time to work with children and the results of their studies and the adaptations of technic they found desirable were digested by their pupils, carried to all parts of the world and were being used to the inestimable benefit of the coming generations until the black cloud of medieval totalitarianism blotted it and so many more scientific achievements from so much of the civilized world.

All these pioneers felt that child psychiatry, if it were to be of real benefit, must be part of the training of the physician whether he specialized in psychiatry or not. A committee of the American Psychiatric Association joined with a committee of the American Medical Association under the auspices of the National Committee for Mental Hygiene to study and plan better teaching of psychiatry in the medical schools. Their first study was made during 1931 and 1932. In this endeavor Franklin Ebaugh, whose review of this subject has been published recently⁴, performed conspicuous service and in the improvement in the teaching of psychiatry was included the teaching of child psychiatry. The pediatrician also felt the need for a better understanding of children's emotional illnesses. Among the pediatricists, Dr. Bronson Crothers did pioneer work in getting opportunities to have this need satisfied.

It is my purpose in this chapter to discuss the methods by which this large body of scientific data about the emotional illnesses of children can best be made part of the armamentarium of the physician. I intend to discuss how it can be included in the training program for the undergraduate medical student, for the graduate student in pediatrics and for the practicing physician.

THE TRAINING OF UNDERGRADUATE MEDICAL STUDENTS IN CHILD PSYCHIATRY⁵

1—The Embryology, Anatomy and Physiology of the Child's Emotional Life.

The teaching of any clinical subject must be preceded by and based on a knowledge of the dynamics of the normal processes. The presentation of a case of pulmonary tuberculosis is of no value unless the student is familiar with the anatomy and physiology of the lung and of the bacillus tuberculosis. The practice of child psychiatry can only be based on a knowledge of the

⁴ Ebaugh, Franklin G. and Rymer, Charles A. *Psychiatry in Medical Education*. Commonwealth Fund, New York, 1942.

⁵ The course which I am describing here is the course which has actually been given at Temple University Medical School for the last seven years. This course is conducted by the Department of Child Psychiatry under the auspices of both the psychiatric and the pediatric departments. The time in the freshman year comes from the Psychiatric Department, that in the junior and senior years comes from the Pediatric Department. Time has proven that this course is practical and that it has been beneficial to the student. It has been possible, only, because of the good working relationship between the Department of Psychiatry and the Department of Pediatrics which has continued throughout the regimes of three professors of pediatrics—Dr. Ralph Tyson (who first saw the need for it), Dr. John McNair Scott and Dr. Nelson.

dynamic influence of the feelings of love and hate, of their varying modes of expression in interpersonal relationships at various age levels, of the influence of one group of feelings (love) on the other (hate), of the reactions of other people (parents, teachers, etc.) to the modes of expression of these feelings by the child and of the defenses mediated through the ego—repression, reaction formation, inhibition, identification, avoidance, displacement, sublimation, regression, isolation, undoing, projection and introjection, turning into opposite, asceticism, intellectualism, turning against oneself—and mediated through the superego—emotional reactions of fear, guilt, shame, embarrassment, self-consciousness, etc.—which the normal child, in order to be able to live comfortably with other people, develops against the free recognition and the free expression of his feelings.

The foregoing paragraph is an interesting example of the method by which psychiatric concepts should *not* be presented to the physician. What is meant by the dynamic influence of the feelings of love and hate, etc.? This can best be illustrated by referring to the girl mentioned in Case 1. She was the older child in a family of two girls. Her parents did not get along together, constantly quarreling and the father often deserting the family. The mother felt very antagonistic to her husband as he frequently did to her. The mother had more real love for the younger sister than she did for the older while the father seemed to be fonder of the latter. As a result of the father's fondness for the patient, the mother tended to take out on this child her dislike of her husband and would often tell her that she was no good, just like her father, that she did not appreciate all that her mother did for her, that she ought to go and live with her father's relatives (and thus learn to appreciate her mother) and that she would be sorry when her mother died. Nothing that the patient did pleased her mother and she was constantly scolded and criticized. In this situation the girl did not know how to act so as to please her mother (whom she wished to love her—partly to satisfy her own need to be loved and partly to satisfy her need to belong to someone). She found by experience that her mother was nice to her if she were ill and wondered why it was that when she recovered her mother became critical of her. Her need to belong to a family, also, was unsatisfied by the frequent desertions of the father and the almost continual threats that the mother would leave, that the mother would send the child away and by the constant parental quarrels. In order to even partly satisfy her need to belong, the child had to behave only in the way she thought would please her mother and to keep from her mother's knowledge (and also from her own conscious knowledge) any feelings of hostility to her mother, i.e., to prevent her mother knowing that she had mixed feelings of love and hate which every little girl ordinarily feels to her mother. As the mother preferred the younger sister and was annoyed if her older daughter expressed any jealousy, the patient also had to behave as if she had none of the natural feelings of jealousy to her sister and to force herself to feel only love

for her rival. As a small child of four she had to play nicely with her sister as if she loved her but her underlying hostile feelings due to jealousy were also present. The play soon became a physical investigation of each other's bodies partly because of natural curiosity, partly because of the naturally pleasurable feelings of physical contact and partly to get the sister to do something bad so that the patient would not feel her sister was better and therefore better liked than the patient. She knew such behavior was "bad" because the mother was very horrified by any manifestations of ordinary childish sexual behavior. The patient began to feel she was doing something very bad, became very guilty and stopped to play. She was very worried whether she had injured her sister or herself and dared not discuss her worries with her mother or her father lest they like her less and send her away. She became so worried and anxious that her anxiety began to affect her physiological functions. She became short of breath, had palpitations of the heart, a rapid pulse and a feeling of discomfort in her chest (all the reactions that occur when a person is frightened). She did complain to her mother about these symptoms in the hope that she would understand that her daughter was worried. However the mother, instead of understanding, thought the child had heart trouble and impressed this idea on the child who developed the idea that she had caused her heart trouble by doing something dirty (as she said, because she had eaten something dirty) and because she had heart trouble she could never get married or have any children when she grew up. This made her feel very unhappy and a very worthless person. As she was worthless, it did not matter how she behaved and after a period of time she began some sex play with a neighborhood boy. She felt very unhappy and worried about this and stopped it. She now developed the idea that she really was ruined and became so troubled and worried about this that she changed her behavior and her attitudes. She stopped playing with other children, was over obedient to her mother, was overly considerate to her sister, always taking second place to her, took her mother's side in quarrels between the parents even though she knew her father was in the right, talked, moved and behaved like a prim little old woman and would not have anything to do with other children, either boys or girls, because they were rude, impolite and did bad things. She denied (and really believed her denial) that she had any annoyances or irritation with her mother and sister or that there was any quarrelling or disagreements between her parents. At the times when the home situation became very unpleasant, she would develop a pain in her abdomen. When she had the pain her mother stopped quarrelling and scolding and became kind and considerate and patient felt contented and happy.

This case illustrates very well how a child can become unnatural i.e., repress her feelings of jealousy and hostility to her sister and irritation and annoyance with her mother, behave and even feel that she had feelings of an opposite nature (reaction formation and turning into opposite), avoid acting in ways

which will cause her mother to criticize her (inhibition), try and be the child, she thinks, her mother would like (identification), feel that other children want to do bad things while she does not (projection), avoid being friendly with such children (avoidance), act and feel that she disliked her father when she really felt dislike for her mother (displacement), try to behave like a sick child—or a baby—so that her mother would like her (regression), behave as if she were not so important as her sister (turning her aggression against herself) and feel that she was a bad girl (feelings of guilt), that she had injured herself (feelings of fear), that she was an improper person (feelings of shame)—lest she lose her mother's affection and as a consequence of not being liked by her mother, would be sent away among strangers who would treat her much worse than her mother did. She solved her conflict between her fears that her mother would not like her and her own natural desires by changing her character (her reaction patterns) and as that did not make her feel completely comfortable with her mother, she became sick in order that she would not be able to do things that her mother disliked and in order that her mother would treat her kindly so that she would feel comfortable and happy.

The analysis of this child's problem shows the tremendous influence of the need to be loved, the need to love and the need to express aggressive feelings have had on all aspects—physiological, psychological and social—of the child's life. Yet the premedical student, like most people, has given no thought to these influences nor has he attempted to consider them as scientific entities. As a matter of fact neither has he given much thought to the inner workings of the body nor considered them as scientific phenomena. If he has thought about them at all, his thinking has been colored by the many superstitious ideas he has learned from his friends and his family. This ignorance and superstition about the inner workings of the human body is well dissipated during the premedical course and the first medical year—during which his main studies are in biology, chemistry, anatomy and physiology. But little attempt is made to dissipate his even greater ignorance and more superstitious ideas about the emotional life—greater because human beings are not only unaccustomed to investigate it but are very unwilling to think about their feelings and emotions or to realize that their behavior is an attempt to live comfortably with their feelings and with other people at the same time. This could only be dissipated through the study of psychology which is frequently only an elective subject during the premedical years. I quote from the bulletin of one medical school. "Of the ninety semester hours required as the measurement of three years of college work, at least 18 including the six semester hours of English should be in subjects other than the physical, chemical or biologic sciences." This would give at best only six semester hours in psychology and the student could enter medical school without any psychological instruction at all. I do not disagree with this because the psychology taught in most universities is not the medical psychology, so important for the physician. In

reality academic psychology has contributed little help to medical psychology. None of the pioneers in medical psychology were academic psychologists but had to make their own researches and discoveries because academic psychology was so sterile.

Therefore, it is perhaps best that the course in medical psychology begin in the freshman year—where there is usually time for it.

Its purpose is to acquaint the student with certain basic facts:

1—That feelings and emotional reactions are important etiological factors in human behavior whether physiological, psychological or social.

2—That both the child and the adult have similar feelings but that the methods of expression and modes of gratification are different in childhood than they are in adult life.

3—That the process of growing up consists largely in developing methods of expression and modes of gratification which are really possible and beneficial and which will be permissible in group life. In order to do this the child has to develop two parts of his personality—the ego and the superego—which are only potentially existent at birth.

It seems to me that these basic concepts can best be presented to the freshman student in the following order:

1—The dynamic concepts of behavior. This topic introduces the student to the concepts that all human behavior, both of the physical organism and of the individual as a whole, is a reaction to a situation, either to an external stimulus or an internal one, has a purpose—in some way to contribute to the comfort, safety and happiness of the individual—and the individual's type of reaction is conditioned by his previous experiences and childhood training. It also introduces the student to the concepts that the individual may be conscious but more often is unconscious of what he is doing and why he is doing it. The case I have cited above well illustrates what I mean by this. This little girl was trying very hard to behave in such a way that she would be happy, contented and secure in her place in the family and particularly with her mother in the face of the fact that she felt and wanted to act in ways of which her mother did not approve. Her behavior was a reaction to the interpersonal relationships in the home and her own inner feelings and had the purpose of keeping herself as comfortable as possible. She was not conscious of what she was doing or why she was doing it. This concept as to the meaning of behavior is fundamental to all psychiatric thinking and therefore should form the cornerstone of the course.

2—Anatomy of the personality. Carrying on from the concept of the purposiveness of behavior, it is essential for the student to realize that behavior may be the result of varying desires within the individual himself as well as the result of varying opinions between himself and the environment. The little girl under discussion had opinions as to proper and improper conduct and felt guilty and frightened by some of her own desires. She therefore had a superego

or a conscience. She had found that some of her own desires were not possible of satisfaction in reality at this time. She had therefore an awareness of herself in relation to others and to the real world i.e., she had an ego. This lecture on the anatomy of the personality must enlighten the student as to the nature of environment and the nature and the function of the ego and of the superego as mediators between the environment, both physical and social, and innate inner desires, needs and drives of the child himself i.e., the id. As the nature and functions of the three parts of the personality are discussed, the student begins to understand what is meant by the term a "psychic conflict" and that the conflict itself may be between the individual and his environment or may be an intrapsychic one between the id and the ego or the ego and superego although it appears objectively as a difficulty in adjustment to the environment.

3—The development of the personality i.e., of the ego and superego. From the consideration of the anatomy of the personality as it appears in the older child and the adult, it is now proper to turn to the development of each part of the personality. This can be begun by a comparison between the personality of the child at birth and the personality of the adult. It is very important for the student to realize that the child before birth consists only of the id—the reservoir of the inner desires, needs and drives of the individual which are coextensive in the life—and although he has the potentiality to form an ego and superego, these are formed after birth as a result of specific experiences which the individual undergoes. The differences in the activity of newborn children which Ribble⁶ has described and which seem to be innate rather than due to differences in the structure of either the ego or the superego should also be presented.

The experiences which the individual undergoes after his birth and which affect specifically the development of his ego and superego may be presented in the following order:

a—The experiences of birth. Birth is an experience which must have an effect on the child's personality. Before birth he has not been subjected to unpleasant stimuli of any kind, whether from the environment or from within (hunger, etc.), although his sensory nervous system is sufficiently developed to receive such stimuli if they occurred. After birth he is suddenly exposed to the impact of countless new stimuli as a result of the change from the intra uterine to the extra uterine state. He cannot react adequately to these stimuli because his motor system is much less well developed than his sensory system and we know that the inability to react adequately to unpleasant sensory stimuli causes great discomfort and distress in older children and adults. We know,

⁶ Ribble, M. A. Clinical Studies of Instinctual Reactions in Newborn Babies, *American Journal of Psychiatry*, 95, 1938, p. 149.

The Significance of Infantile Sucking for the Psychic Development of the Individual. *Journal of Nervous and Mental Diseases*, 90, 1939, 455.

also, that older children and adults feel a great deal of anxiety and dread when they have to sever a strong friendship or love relationship and that at this time they tend to dream about birth and being born. It seems therefore that in most peoples' minds separation is associated with the idea of birth and that both ideas are accompanied by a feeling of anxiousness and apprehension. Whether this association is the result of fantasies regarding birth in childhood and adolescence or whether there is some memory trace of an organic pattern which resulted from the impact of new sensations due to the change in the degree of comfort is impossible to say at present. However, the student should be acquainted with the change in the degree of comfort that is brought about by birth and this makes a good place to discuss feelings of fear and anxiety, their causes i.e., danger to life and danger of not being loved, and the role they play in calling into action behavior which will relieve the individual of these feelings.

b—The first year of life. The oral period of psychosexual development. Under this heading is discussed the beginnings of the development of the ego. The child begins to learn gradually that he can avoid unpleasant feelings which result from annoying external stimuli by removing the source of the stimuli from himself or by removing himself from the source of the stimuli through his own voluntary actions. He learns, also, that many of his unpleasant feelings, such as hunger, arise within himself from his own unsatisfied desires. He finds that he cannot gratify these internal needs himself but that they can be gratified only through another person—his mother. Through the routine of hunger and breast feeding he learns that he is an entity and distinct from his environment. As his mother, as a person distinct from himself, becomes important to him because she relieves him of unpleasant feelings, he begins to love her. He needs her so much that he does not wish her to go away from him and he begins to feel annoyed with her if she does not attend to him constantly whenever he needs her. When he is weaned he has to relinquish many of the methods by which he has learned to get pleasure. He dislikes doing this, rebels against the process, tries very hard to go back to his preweaning behavior but eventually learns other methods of getting pleasure and begins to forget about the ways in which he got pleasure during the time he was nursed.

This material introduces the student to the first beginnings of the concepts of object relationship, ambivalence, the fear of desertion, the tendency of the infant to use the mechanisms of regression and fantasy in order to avoid discomfort and the first beginnings of the distinction between the conscious and unconscious which follows weaning.

Practical recommendations are also included.—The child needs an optimal period of breast feeding. If he is breast fed less or more than the optimal period, he may develop certain character traits which will be apparent the remainder of his life. It is the physician's responsibility to see that he gets

an optimal period of breast feeding and if this is impossible owing to uncontrollable circumstances, the physician should insist that his feeding by the bottle should resemble breast feeding as much as possible. The infant has, also, a need for pleasure sucking which should be allowed and not interfered with by his parents. If he indulges his sucking activities longer than is usual, it is the physician's duty to ascertain the reasons for this rather than to interfere unnecessarily.

c—The second year of life. The anal sadistic period of psychosexual development. Here is described the *intra* psychic development which results from toilet training. The child gets pleasure from being dirty and wet and also gets pleasure from passing and withholding his excretions at his own volition. The ability to control his excretory activities himself regardless of the opinions and desires of other people makes him feel that he is a very powerful and wonderful person. When toilet training is begun by his mother, he is torn between two desires—the desire to retain his own power to produce pleasurable feelings at will and the desire to please his mother so that she will love him. Whenever he wishes to retain his own control over his excretory activities, he begins to dread that his mother won't like him. Eventually, he solves this conflict by deciding that he will please his mother and he tries to be clean, like she is, until finally he identifies himself with her demands and makes them part of his personality.

This introduces the student to the concepts of the formation of the superego through identification, the fear of loss of love, the omnipotence of thought, narcissism, magic, stages in the acceptance of reality, the child's earliest theories of birth, passivity and activity and emphasizes further the concept of ambivalence.

Practical recommendations are included.—There is an optimal time and optimal methods of toilet training. If these are not followed out but instead toilet training is instituted too early or too harsh methods are used, the child may develop character reactions which will be adverse to his social adjustment and success.

d—The child's development from three to seven years. The phallic period of psychosexual development. It is during this time—The Oedipus period—that the little boy is tormented by his conflicting feelings of love and hate toward his father and the little girl by her conflicting feelings of love and hate to her mother. Usually there is a rather passionate love and much less ambivalence to the parent of the opposite sex. At this time the child also shows great sexual curiosity and is perplexed and frightened when he acquires the knowledge that there are physical differences between the sexes. These intrapsychic turmoils are reflected in his behavior. He is usually somewhat difficult to manage, often suffers from attacks of anxiety and develops certain phobias. He eventually avoids the pain and suffering of his conflicts by repressing his passionate feelings to his parents and by erecting a superego to keep them repressed.

This introduces the student to the concepts of the development of the super-ego by incorporating the image of the parent of the same sex, the concepts of penis envy, the castration fear, the attempt of deny reality, the gradual acceptance of unpleasant ideas and the turning away of the child from his home to the outside world.

There are two groups of practical applications First—the student is told of the various ways that parents may use to help the child of either sex to adjust to his conflicts and to the painful frustrations he experiences Second—this is a good place to teach the medical student the opinions concerning masturbation. He should learn that masturbation and fantasies during masturbation are the natural sexual activity of the child of this age. If the parent threatens or punishes the child for this behavior, the child's psychosexual development may be seriously injured

e—The development of the ego and the ego ideal during the period from seven to eleven years. The period of psychosexual latency. As the behavior of the child during the latency period has been fairly well observed by most adults, it is necessary in discussing the child of this age only to emphasize the fact that children at this time tend to become suspicious of adults, to withdraw from them and to form friendships with children of their own age and sex. These friendships usually result in the formation of groups—clubs and gangs In these gangs usually some homosexual sex play takes place. It is very necessary that the physician recognize this as a frequent occurrence lest he become too upset about it if a parent asks his advice.

The period of sexual latency also offers a good opportunity to discuss with the medical student two prominent activities of the child at this time.

1—Education. It is very important to recognize that the feelings of the child toward the teacher and the attitude of the teacher to the child contribute markedly as to whether the child learns well at school or not. If there is a mutual liking and respect, the child takes the teacher as an ideal and wants to be like her and so is eager to learn. If the child dislikes the teacher, he does not do so and if the teacher dislikes the child, he is not able to like her

A discussion of the libidinal motivations that underlie educational procedures will introduce the student to the concept of the ego ideal.

2—Play. Play is a method used by all children to learn how to use instinctual drives in a social organization and to overcome feelings of anxiety.

A discussion of the meaning of children's play introduces the medical student to the concepts of abreaction and to the fact that he can learn a great deal about the child's difficulties and problems through observing his play.

f—The readjustments of the ego and superego during the experiences of adolescence.

In this session the difficulties which occur during normal adolescence due to the physical and emotional growth and those which the child encounters

because of the social organization and the methods he uses to adjust himself to these difficulties are described.

Some simple and pertinent reading material should be recommended to the student. This could include the following:—Bernfeld—*The Psychology of the Infant*, Rickman—*On the Growing Up of Young Children*, Isaacs—*The Nursery Years* and *The Social Development of Young Children*, DeKok—*Guiding Your Child Through the Formative Years*, Chadwick—*Difficulties in Child Development*, Anna Freud—*Psychoanalysis for Teachers and Parents*, Schwab—*The Adolescent*, Williams—*Adolescence*, Pearson and English—*The Common Neuroses of Children and Adults*, chapters I to IV. (The main reason for writing this book was to bring together the voluminous and scattered literature on child psychiatry, perusal of which would mean too great an expenditure of the student's time.)

In these sessions only the average child and his difficulties are discussed and the question of "problem" children is avoided except as case material illustrating improper handling.

The material itself should be presented simply and concretely, describing the interactions of the child, his needs and his environment and this description should be documented with case studies. As I mentioned earlier, little if any so-called psychiatric terminology need be used except where it is felt that the student needs some definitions of terms so that he can understand his reading better.

The course outlined here has been developed along the line of the psychoanalytic concept of the development of the libido. I consider this the most significant approach for an understanding of the neuroses and character disorders of childhood. However, a similar course could be developed along the lines of psychobiological theory.

The more such a course can be a discussion course the better, although as the material is usually so absolutely foreign to the student much of it has to be in lecture form. It is to be expected that many students will repudiate certain of the concepts presented because the human being in his own life has developed his own adjustment to his emotional life and feels frightened within himself at the realization that there may be other methods of adjustment and that he was really different as a child than he is now. The instructor therefore must present his data in a way which will arouse the least resistance and be willing to manage the resistances when they arise. It is obvious therefore that these lectures can only be given by an experienced psychiatrist, who himself understands the relation between feelings and the acquirement of knowledge. They are easier to present if the student already has had some personal contact with children either because he has children of his own or because he has had professional experience with children—as a camp counselor, etc. It would be a very good plan if every medical student could spend

a few days, or better a few weeks, in a nursery school during his premedical career

It does not make much difference whether this freshman course is given under the auspices of the psychiatric or the pediatric department for child psychiatry is a liaison subject between these departments anyway

THE PSYCHOPATHOLOGY OF EMOTIONAL DISORDERS IN CHILDHOOD

The series of introductory lectures on the emotional life of the normal child should be followed by a series on psychopathology. Ideally this would come in the sophomore year. (At Temple University Medical School this does not occur. The student receives a series of lectures and demonstrations on adult psychiatry. This enables him to understand and digest more of the material he obtained from the freshman year) Such a series would cover the situations and environmental reactions which can cause abnormalities in the development of the ego and superego and would include the following concepts:

1—The effect on the development of the ego and superego of the birth of younger children.

2—The effect of physical illnesses and physical defects on the development of the ego and superego.

3—The effect on the development of the ego and superego of being endowed with greater or less intelligence than the average.

4—The effect on the development of the child's ego and superego of separation from his parents either by death, divorce, desertion or prolonged absences

5—The effect on the development of the child's ego and superego of the death or absence of his siblings

6—The effect of adverse parental attitudes—rejection, overprotection and indulgence

7—The effect of sexual seductions in childhood. A thorough discussion of the effect of these situations on the child's emotional development will amplify and make more intelligible the theory of anxiety and illustrate more fully the defense mechanisms, the knowledge of which plays such a large role in the understanding of the behavior of children with neuroses, psychoses and character disorders.

By the time he reaches his junior year, the student should be conversant with the theoretical concepts underlying the practice of child psychiatry and repetition of these concepts will have overcome to some extent his resistances. He is then in a position to begin clinical work.

THE STUDY OF THE CLINICAL SYNDROMES THAT OCCUR IN CHILD PSYCHIATRY

The inauguration of clinical work is best made through a series of lectures which embraces the whole field of children's problems and will include at least the following subjects.

1—Methods of history taking and examination of the child This session should discuss the method of history taking and interviewing. In connection with the former, the student should be impressed with what are the important facts to obtain. These include:

a—A description of the presenting symptoms and the chronological history of their development.

b—A description of the child's behavior and reactions in all his life situations—with his father, his mother, his siblings and other persons who reside in the home, with the boys and with the girls in his neighborhood and at school, of the recreations in which he engages, with his teachers at school, of his scholastic progress and of his physiological activities such as sleep, appetite, excretory processes, etc. Investigation of all these phases of his life often reveals other symptoms and their chronological development should be traced.

c—A chronological history of his development, paying particular attention to his reactions during the oral, anal, sadistic and phallic phases.

d—A chronological history of events in the child's life which may have had an adverse effect on his development.

e—A description of the parents' and siblings' behavior and attitude to the child.

The student must be instructed in the need for a complete understanding of the child's present personality and the importance of the chronological history in order that he may recognize that there is causal connection between the two groups of data. This is well illustrated by case 1. Her anxiety symptoms began when she became worried about her play with her sister. Each of her attacks of pain followed a series of quarrels in the home. The changes in her personality followed her worry about her play with the boy in the neighborhood.

Careful instruction must be given in the technic of interviewing both the parents and the child, for medical students are lamentably ignorant in how to get information from adults and more lamentably ignorant in how to interview the child. The technic of interviewing really can only be learned by experience but psychiatrists and others have studied and obtained much data on the technic of interviewing which should be available to the student. It is often necessary to impress on the student a concept with which, it would seem, everyone should be familiar simply through his own life experiences i.e., that he must establish a friendly relationship with the child before he starts the examination. This session, as all the others, should be well illustrated with reports of actual case material.

2—The anxiety states—acute and chronic anxiety attacks and nocturnal anxieties.

3—Disorders of the upper gastric intestinal tract—anorexia, hysterical vomiting, nausea, dysphagia, inability to chew food, oral habits—thumb sucking, nail biting, eating of inedible substances and speech disorders

4—Disorders of the lower gastric intestinal tract—constipation and diarrhea.

5—Disorders of urination—enuresis and withholding of urine

6—Disorders of the motor system—restlessness, tic, etc.

7—Disorders of social adaptation.

a—The chronic aggressive reaction pattern.

b—The pattern of withdrawal from social contacts.

8—Disorders of education, i.e.—inability to learn all school subjects or specific school subjects.

Each group is discussed from the standpoint of etiology, psychopathology, prevention and treatment.

In presenting these clinical groups care should be taken to consider fully the simpler types of disorders with which the general practitioner is most commonly confronted. It is more important that the medical student understand the causes, pathology and treatment of simple anorexia in children than it is for him to have an extensive knowledge of the cause, pathology and treatment of hysterical vomiting. He will be equipped with technical methods of treating the former but will not be equipped with the technical methods to treat the latter. Even in connection with the latter syndrome, it is more important that emphasis be laid on the simple and more superficial forms of management although the student should be presented with data concerning the deeper psychopathology and more intensive methods of treatment. The specific functions of the general practitioner, the psychiatrist, the educator and the social agencies should be delineated. Each of these clinical groupings contain cases of the various types of neuroses—hysteria, compulsions, and character disorders—and the formal diagnosis and structure of these types is described *

THE CLINICAL STUDY OF ACTUAL CASES

The student is now prepared for the clinical study of actual cases. This will occur in the senior year. This should consist of two parts.

a—Presentation of typical cases by a combined team of the pediatrician and the psychiatrist to the whole group of students. In such a presentation emphasis is placed on the clinical picture, the history, the psychic and physical findings, the psychopathology and the management of the case.

The other day in such a clinical conference the following case was presented:
Case 3. A boy of 5 years had been admitted to the hospital because he had club feet. He was operated on and his feet placed in casts. After the opera-

* The following bibliography can be recommended to the student:

Archhorn, A. *Wayward Youth*, Viking Press, New York, 1935.

Rogers, Carl. *The Clinical Treatment of the Problem Child*, Houghton Mifflin, Boston, 1939.

Pearson & English. *The Common Neuroses of Children and Adults*. (Here again the main reason for this book is that it makes easily available the literature on child psychiatry which is so widely scattered.)

Kanner, Leo. *Child Psychiatry*, Thomas, Springfield, 1935.

tion, it was noticed that he masturbated a great deal and a psychiatric consultation was asked. The management of the various problems that he presented—exercises for strengthening the legs after the casts were removed, the child's tendency to be resentful and antagonistic if he did not get his own way and his jealousy as a result of his being babied because he had been a crippled child and he had to receive a great deal of attention from his mother, his babyish speech and the relation of his masturbation to his loss of this babying while in hospital—was discussed. Recommendations were made as to his management by his parents when he returned home.

Through the discussion of such a case the student learns a great deal about the psychological mechanisms at work and the practical methods of dealing with them.

Presentation using a combined team of the pediatrician, psychiatrist and other specialists that may have been consulted in the case is important because it helps to remove a curious type of thinking often noticed in medical students. If a student is discussing a case in the neurological clinic, he will tend to discuss the case in neurological terms, if in the endocrine clinic in endocrine terms and, at present, because of the increased emphasis in his course on psychiatry, in the psychiatric clinic in psychiatric terms. Often it becomes necessary in teaching psychiatry to bring the student back to the fact that a given symptom i.e., enuresis, may be due to nocturnal epilepsy rather than due to a psychopathological condition. Such type of thinking, of course, must be guarded against because it indicates that the student is not thinking of the child as a whole but as a case with a lesion in some particular group of organs.

b—Small groups of students are then asked to study cases for themselves. Owing to the crowded nature of the senior student's schedule at Temple University Medical School, one student is asked to interview the parent and another is asked to see the child. When the students have finished the study, the case material is discussed. The emphasis of the discussion is on the approach to the child and to the parent, the diagnosis, psychopathology and treatment—particularly the latter which includes treatment by a psychiatrist, by a physician, and by the various types of environment manipulation. Ideally the student should have the opportunity to study a series of cases but time limitations interfere frequently with the number that can be seen. At both Cornell and Columbia Medical Schools, where they have eight, two hour, sessions during the junior year, the students have the opportunity to study more cases than is usually the case elsewhere.

During the senior year it would be important, also, to have one or more periods during which the feelings of the child suffering from an organic illness are discussed. Students and often physicians and nurses seem woefully oblivious of the fact that the patient is not a case but a sick child who has been removed from his family and familiar surroundings and placed in a

strange and rather awesome place, where the strange mysteries of birth, death and pain are constantly occurring, and with strangers of whose trustworthiness and humanitarian feelings he is uncertain. In the course of his stay in hospital he may be taken to the operating room, put to sleep from which he may awaken in more pain and discomfort than he was before. Physicians may really not be callous but they seem unaware of the child's extreme apprehensiveness and his tendency to apply everything he hears to himself or they would hardly stand at the foot of a child's bed and discuss in his hearing the approaching death of another child in the same ward. The child immediately feels they are discussing him and lapses into panic.

During this year, the important journals in the field of child psychiatry *The American Journal of Orthopsychiatry*, *The Psychoanalytic Quarterly*, *Mental Hygiene*, *The Nervous Child*, *Psychosomatic Medicine* should be recommended for the students' reading. It is surprising how few physicians know of the existence of these journals.⁷

During internship on the pediatric service, the student should have opportunity to attend all pediatric-psychiatric conferences.

I realize that even such a course only allows the student to attain a superficial acquaintance with child psychiatry. This is true, however, of all branches of medicine and any real acquaintance with his profession comes only through years of practice.

It has been interesting to observe that since the inauguration of a course in child psychiatry as outlined above at Temple University Medical School there has been a marked change in the methods of thinking of the senior students who have had the benefit of the four years. They tend to be more receptive to psychiatric concepts and to study a case more from the point of view of the patient as an integrated personality.

(⁷) The following books may be brought to the students' attention:

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|-------------------|--|
| Freud, S. | —Psychopathology of Every Day Life |
| Jones, E. | —Papers on Psychoanalysis |
| English & Pearson | —Common Neuroses of Children and Adults |
| Freud, S. | —New Introductory Lectures on Psychoanalysis |
| DeKok, W. | —Guiding Your Child Through the Formative Years |
| Isaacs, S. | —Social Development in Young Children |
| Rickman, J. | —On the Bringing up of Children |
| Abraham, K. | —Selected Papers on Psychoanalysis |
| Chadwick, M. | —Difficulties in Child Development |
| Flugel, J. C. | —Psychoanalytic Study of the Family |
| Freud, A. | —Psychoanalysis for Teachers and Parents |
| Hall, G. S. | —Adolescence |
| Mead, M. | —Coming of Age in Samoa |
| Schwab, S. | —The Adolescent |
| Williams, F. B. | —Adolescence |
| Anderson, H. H. | —Children in the Family |
| Freud, A. | —The Ego and the Mechanisms of Defense |
| Freud, S. | —Civilization and Its Discontents |
| Aichhorn, A. | —Wayward Youth |
| Sachs, H. | —Caligula |
| Alexander, F. | —The Criminal, The Public and the Judge |
| Alexander, F. | —Roots of Crime |
| Freud, S. | —Totem and Taboo |
| Healy, W. | —The Individual Delinquent |
| Paillthorpe, M. | —(Medical Research Council) Studies in the Psychology of Delinquency |
| Rogers, C. | —The Clinical Treatment of the Problem Child |

THE TRAINING OF PEDIATRICIANS IN CHILD PSYCHIATRY

The pediatrician meets more emotional problems in his practice than any other specialist in the practice of medicine except perhaps the internist. If anorexia, enuresis and habit reactions were removed from his practice he would have little to do except treat upper respiratory infections. Also, parents tend more and more to seek his advice about the proper* methods of training and bringing up their children. Therefore, he should have intensive training in the field of emotional illness and in the field of the emotional development of the child so that he may competently exercise both his therapeutic and preventative function. Pediatric psychiatry may be only common sense but it is surprising how little the average person knows about common sense and how much he has to be taught it.

At the Graduate School of Medicine, University of Pennsylvania, the student specializing in pediatrics devotes eight percent of his time to the study of the neurology and psychiatry of childhood. This is more than he devotes to the other specialties but to my mind it does not seem as comprehensive as he really needs.

If the graduate student has graduated from a medical school in which he has had an undergraduate course such as I have outlined, he will not need more than a comprehensive review of the basic principles of medical psychology. If he has not, he should receive a course analogous to that advocated for the freshman and sophomore undergraduate students. As he has more time at his disposal, the course should be more detailed and should be partly lecture and partly seminar. At the same time he should spend several hours observing the behavior and reactions of well children in the hospital nursery, nursery school and kindergarten. It would be very desirable for him to study the personality

The following articles which have been published in the various journals, mentioned above, in the last few years also can be recommended. Especially.

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| Pearson, G. H. J. | —The Effect of Operative Procedures on the Emotional Life of the Child |
| Lamar, N. D. | —Common Physical Disorders of Children |
| Blanchard, P. | —Psychogenic Factors in Some Cases of Reading Disability |
| Pearson, G. H. J. | —Case of Compulsion Neurosis in an 11 Year Old Boy |
| Pearson, G. H. J. | —Some Psychological Aspects of Inflammatory Skin Lesions |
| Bowlby, John | —Influence of Early Environment on the Development of Neuroses and Neurotic Characters |
| Sweet, et al | —Child Parent Relationship |
| Newell, W. | —Maternal Rejection |
| Pearson, G. H. J. | —Child's History as an Aid to Psychiatric Treatment of Children |
| Finley, I. H. | —Classroom as a Social Group |
| Miller & Slavson | —Integration of Individual and Group Therapy in Treatment of Problem Boy |
| Levy, D. M. | —Release Therapy |
| Katz, H. | —Psychiatric Treatment of Children (in <i>Cyclopedia of Medicine</i>) |
| Orgel, S. Z. | —Identification as a Socializing and Therapeutic Force |
| Erickson, M. | —Experimental Demonstrations of the Psychopathology of Every Day Life |
| Benedek, T. | —Adaption to Reality in Early Infancy |
| Greenacre | —Predisposition to Anxiety |
| Lamar, N. D. | —Pediatrics and Child Psychiatry |
| Jersild, A. T. | —Children's Fears, Dreams, Wishes, Daydreams, Likes and Dislikes, Pleasant and Unpleasant Memories |
| Bender & Vogel | —The Development of Children's Fears |
| Jersild, A. T. | —The Development of Children's Fears |
| Pearson, G. H. J. | —The Development of Children's Fears |
| Kubie, L. S. | —The Development of Language |
| Barrett, W. | —Penis Envy and Urinary Control |
| Alpert, A. | —Latency Period |
| Bernfeld, S. | —Types of Adolescence |

and behavior of one child over a period of several months and his observations should form part of the seminar discussions (Such observation and study should be a project, also, for every teacher at least two or three times during her early teaching experience) This will accomplish two purposes.

1—He will gain information about the behavior of normal children at various age levels. There is no better way in which a physician can really learn about the emotional life of childhood than from the child himself but he must approach the learning situation without any preconceived ideas. He must realize that he is absolutely ignorant of how the child feels and thinks and undertake his study of children in the same spirit of receptive observation that he would approach an entirely new scientific phenomenon (which the child really is)

2—Certain physicians specialize in pediatrics because they feel uncomfortable in dealing with adults and feel they will be more adequate if their patient is of a size that can be dominated and therefore be less threatening to them. This feeling is the feeling of a child who is uncomfortable with children his own age and size and therefore prefers to play with younger children. Unfortunately such a physician does not find this plan a real escape from his fears. Children are more difficult to deal with than are adults and one has to learn how to deal with them. Through the plan I have mentioned, the physician can learn not to be afraid of little children.

After this preliminary study of children during his first graduate year, he should devote sufficient time during his second and third year to the study of clinical cases of neuroses, psychoses and character disorders in children. He should have the opportunity to study these cases personally and discuss them with his instructor in pediatric psychiatry. His clinical studies should be supplemented by lectures on the various clinical syndromes and through his participation in the pediatric-psychiatric conferences carried on by most departments of child psychiatry. He should, also, study the emotional life of children who have acute and chronic illnesses. Such a study should have special reference to the reactions and feelings of both the child and his parents about his illness, his treatment, his hospitalization and his convalescence. This study should be supplemented by lectures on the psychological reactions to illness of both the child and his parents and of the effect of the latter's reactions on the child's progress toward recovery. It would seem important in this connection that he be given illustrations of adult patients who show the effect of their childhood illnesses in their adult emotional life or reaction patterns. This is particularly important in regard to surgical procedures, for the psychiatrist unfortunately has often the opportunity to observe how much more crippling operative emotional shock is than surgical shock.

He should spend a period of time in the prenatal clinic and in the well baby clinic studying the reactions of the expectant mothers to their pregnancy and to their coming child and of the mothers to their infant children. This study will complement his observations of parents which he makes in studying the

neuroses and character disorders. These studies should be supplemented by seminars and lectures on parental attitudes and children's habits—such as thumb sucking, nail biting, etc.—about which the pediatrician is consulted so frequently.

Psychotherapy is the most difficult topic to teach either to the medical student or the pediatrician. There is always the question of how much should be taught because the aim of both of these courses is not to make the student into a psychiatrist but to enable him to deal adequately with many of the problems with which he will be confronted in his practice. Sound psychotherapy, of course, depends on a basic knowledge of psychology and psychopathology. It is this basic knowledge that I feel the student should get predominantly. The graduate student in pediatrics, however, should be acquainted first with the possibilities of environmental manipulation—when, why, and how the physician must undertake to change a child's school, his teachers, to advise a placement in a foster home or an institution or to place the child in a nursery school. Second, with the principles of how, when and why to use the simpler methods of suggestion and persuasion in attempting to alleviate difficulties in the parent-child relationship and the excessive tensions which may exist in the home. He should have a comprehensive knowledge of the limitations of these technics. Third, with the simpler technics of establishing a friendly relationship between the child and himself, with being able to recognize when such a relationship has been established and with how, once established, it may be used for the child's benefit. Again, he should understand rather adequately the therapeutic limitations of this relationship. Fourth, with the simpler methods—both by environment manipulation and directly with the child—of relieving excess anxiety. For example if he finds that a child who feels very anxious and guilty is sleeping in his parents' bedroom, it is an important treatment procedure to arrange that he sleep elsewhere. Or if the child's symptoms are such that they can be dealt with fairly adequately through Levy's Release Therapy, he should be competent to use it. However, he should have an adequate understanding of the limitations of this method. Fifth, with an understanding of what is meant by intensive psychotherapy and with its technical methods of procedure e.g., play technic, abreaction of emotion, transference, etc. He should recognize clearly the impossibility of his use of these methods unless he is willing to undertake a thorough psychiatric training. In this way, he will learn what cases he can handle himself and on what cases he should get psychiatric help.

It seems to me that much of this information will come not through didactic teaching by the psychiatrist but as a part of the general instruction in the art of pediatrics by her pediatric instructors, who have learnt much of it through their actual experience with cases. This presupposes that the instructors themselves have an adequate working knowledge of the influence of emotional reactions.

There are some pediatricians who have become so interested in the psychiatric manifestations displayed by their patients that they have taken training both in psychiatry and psychoanalysis. Of course, as a result they usually have decided to limit their practice to child psychiatry rather than to pediatrics but if they remain in the field of pediatrics their capacity to deal with all of their cases is increased enormously.

There are certain practical difficulties in training both medical students and pediatricians in child psychiatry. The first and most prominent is that which I have mentioned already—the inner resistance to the validity of feelings and emotions as etiological factors in behavior. Secondly, many students and pediatricians feel that the proper study of cases both during their training period and in actual practice is too time consuming. The busy doctor feels he has so much to do that he cannot give to the child psychiatric cases the attention they deserve. This objection, although frequently raised, is not a valid one but one, I think, which depends largely on the physician's feeling that he is not competent to deal with the case even if he has collected the data. It is for this reason that I feel that in the teaching of medical students and of pediatricians the more superficial and manipulative methods of treatment should be emphasized. With these, provided they are based on an adequate understanding of the psychopathology involved, a great deal can be accomplished both prophylactically and therapeutically in perhaps a majority of the cases which will be seen by the practitioner. Both the medical student and the pediatrician, however, should see a sufficient number of the more severe cases to have some appreciation of the complexities of the psychopathology and the highly delicate methods of dealing with them so that the unqualified physician will not attempt to deal too intensively with the case but will know when and what cases to refer to the specialist. The more serious cases will probably live in homes where the parental attitudes are very distorted and involved. As the pediatrician understands this and can see something of the many problems that exist he will be less likely to feel inadequate when his attempts at manipulative or advisory treatment results in failure. Therefore on the one hand, his training, should help him to recognize severe situations as well as mild ones but on the other hand, it should serve as a restraint on attempts to deal with severe emotional illnesses in children without more adequate training than he receives as incidental to his medical or pediatric education.

THE TEACHING OF CHILD PSYCHIATRY TO PRACTICING PHYSICIANS

This is always a difficult task. Unless the physician has had some previous training or has been confronted with cases of psychic illnesses in children, he will not be interested in increasing his knowledge and skills. In most post graduate institutes such as are conducted annually by the Philadelphia County Medical Society, the section on pediatrics includes a few papers on child psychiatry. As is proper these are usually presented by pediatricians but I feel

these meetings would be made more valuable if some of the papers were given by specialists in the field of child psychiatry. Also, in the metropolitan centers, courses are given for physicians in child psychiatry by such organizations as the various Child Guidance Clinics, the various Psychoanalytic Societies, etc. If a physician is interested in learning about child psychiatry, he has many opportunities for satisfying this interest. Such courses are not well advertised so that it will be the recent graduate, who will feel more interest because of his college training, who will seek them out. It seems to me that more active interest will arise through the pediatric-psychiatric and internal medicine-psychiatric staff conferences which are being held in many teaching hospitals and through which the physician can really realize the importance of psychological medicine.

CONCLUSION

The entire medical education of the physician is directed toward giving him an understanding of human behavior. Because there has always been a tendency to split the human being into two parts—a body and a soul—up till recent years the behavior in which he was to be interested was that of the body while the behavior of the soul was made the responsibility of the priest. The physician really tried to approach his problem of the behavior of the body with an open mind and undisturbed by preconceived ideas, observed and correlated his observations and as a result was able to offer considerable effective help to the suffering individual. The priest approached his problem of the behavior of the soul largely from the standpoint of preconceived ideas and was not willing to study its phenomena by controlled observation—in fact it was deemed more or less impious to do so. Consequently, the human sufferer did not receive as much help from the priest as he did from the physician with the result that the priestly function has suffered tremendous eclipse in all civilized social organizations. More and more, the human sufferer turns from seeking help from the priest to the physician from whom he has received help in the past. This tendency of the human sufferer to turn for help to the physician has forced the latter to begin to apply the methods of study he has found so helpful in understanding the behavior of the body to the problems presented by the emotional behavior of the individual. More and more, it has become necessary for the physician to realize that he must understand the total behavior of the total individual if he wishes to continue to help the human sufferer. With the concept that the individual is a complete person, the old artificial split between body and soul has disappeared. It is therefore increasingly essential that medical education be directed to giving the physician instruction in all forms of human behavior whether displayed in the physical body, in the thought processes or in his life in society. All medical education of the future will have to be built on this concept. I think

the courses which I have outlined above and which are being followed in many medical schools at this time are a step in this direction but at present are a long way from ideal. They will be a great help to the undergraduate but all education in psychological medicine will fail to some extent to influence the graduate physician who has been educated to believe that the soul and the body are two separate entities and that his responsibility and interest lies only with the latter

It is and will be for many years one of the essential tasks of the psychiatrist to endeavor to undo the artificial split that has resulted in the concepts of soul and body and to show the medical profession that the human being is not two separate entities but one person

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THE TRAINING OF THE PSYCHIATRIST IN CHILD GUIDANCE

By

LEO KANNER

EFFECTIVE child guidance is perhaps the best example of an ideal, nonpolitical and noncommercial cooperative. Various groups pool their complementary skills and efforts, and the resulting benefits, while aiding individuals, improve the social texture of the entire community. Parents, teachers, social workers, directors of recreational centers, juvenile court officers, psychologists, pediatricians and psychiatrists all share in the program in a manner which makes of each participant an indispensable link in the total chain of required activities. Though each professional group has its specifically assigned functions, all must work together in close collaboration and have sufficient familiarity with the contributions and problems of the others.

When the first demonstration child guidance clinics were inaugurated in 1922, a "team" was set up, which consisted of a psychiatrist, a psychologist, and a social worker. The psychiatrist served, and still serves, as the central figure, the directing and policy-shaping authority of the arrangement. We owe to the child guidance clinics most of our present-day knowledge of the influence of family relationships on the development of personality formation and behavior patterns. We are furthermore indebted to them for original approaches to the study and individual treatment of children's emotional difficulties arising from unwholesome relationships.

Since 1930, when a psychiatric liaison clinic was established at the pediatric department of the Johns Hopkins Hospital, psychiatrists have also come increasingly into demand for work with children, which is basically similar to that done in child guidance clinics and yet different in a variety of specific features. While the emphasis of child guidance clinics is focused primarily on the needs of the community and its social agencies, the liaison arrangements deal of necessity to a large extent with problems which come to the pediatricians. This not only makes for a greater variety of problems, but also involves the whole life span of the child. The community child guidance clinics very exceptionally get an opportunity to deal with the difficulties encountered during the first two or three years of life. Such difficulties, of which

breathholding spells, manifestations of the so-called period of resistance and the earliest evidences of parental overprotection, guilt feelings and rejection are telling examples, come mostly to the attention of the family physician. It has been our experience that pediatricians and general practitioners are only too willing to consult psychiatrists whom they know to be acquainted with pediatricians and pediatric orientation.

Psychiatric liaison work in pediatric hospitals has the further advantage that it is not limited in scope to any kind of psychobiological problem. It has immediate access to acute disturbances arising in the course or in the wake of infectious diseases, to the hardships of adjustment to brief or protracted hospitalization, to the task of making life more acceptable to blind, deaf, diabetic, epileptic, neurologically and orthopedically handicapped children. It has, furthermore, an unparalleled opportunity to impart to pediatricians and medical students a degree of understanding which should make it possible for them to deal with psychiatric intelligence with the everyday problems of the everyday child.

Thus the liaison type of work with children broadens the scope from child guidance to include the whole wide range of child psychiatry.

It is obvious that in both arrangements, the community child guidance clinics and the pediatric-psychiatric alliance, the psychiatrist holds a most responsible position. He is the director, the head of a team or staff, a clinician, a therapist and a teacher. It goes without saying that so great a responsibility requires considerable training. The rapidly increasing demand for such people and the mushroom growth of both types of service has created a dearth of men and women adequately prepared for the job. Necessity has sometimes dictated the waiving of certain fundamental requirements, but in recent years there has been a wholesome tendency to select for positions of leadership only those people who have a fully satisfactory background of training.

What should these requirements be?

A child psychiatrist is a medical man or woman. This fact applies not only to a biographic record of four years in medical school and one year's internship. The *medical training* should be such as to become an integral part of the psychiatrist's way of thinking. There are, as has been pointed out in the introductory paragraph, several other professional groups which have contributed and do contribute a great deal to the study and adjustment of children's personality disorders. Members of these groups will be the first to acknowledge their lack of familiarity with problems of physical health. They should and do take it for granted that such problems fall exclusively in the domain of people who have prepared themselves to be physicians. One of the main criticisms directed by the medical profession against child guidance clinics and the mental hygiene movement in general has been the complaint that there is too much of an isolation from medicine (Ebaugh and Rymer). Psychiatry has finally reached the stage when the artificial separation of mind and

body, of organic and functional disorders has become obsolete. It, therefore, ill behooves psychiatrists to perpetuate, through insufficient familiarity with physical functioning, this artificial separation which now has definitely become an anachronism.

A child psychiatrist should have as part of his training at least two years' *experience with adult psychiatry*. If he is to deal diagnostically and therapeutically with the great variety of personality dysfunctions of children, he certainly must have a knowledge of potential directions and outcomes. He cannot afford to have only a one-sided perspective of early difficulties without being familiar with that which is normal, near-normal and plainly abnormal in later life. Much that is disturbed in the behavior of children depends on interpersonal relationships with other members of the family group, more especially the parents. It is often essential to include the parents in the investigative and therapeutic schemes. This can hardly be accomplished without familiarity with the emotional difficulties of adults.

Then, with a good background in medicine and adult psychiatry—and then only,—should a physician think of acquiring specific training in the field of child psychiatry or child guidance. Child psychiatry is a specialty within a specialty only to this extent that it limits its sphere of activity to children and their families, but not in the sense that the specialty of which it is a subdivision can possibly be neglected. Psychiatrists say, and I believe correctly, that occupation with children's behavior difficulties is part and parcel of their branch of medicine. Some pediatricians claim that child psychiatry is or should be a sub-specialty of pediatrics. Be that as it may, a year's internship or residency in a pediatric hospital is decidedly an added asset, though probably not an indispensable necessity, provided that there has been a good all-around medical background and some acquaintance with pediatrics in the course of a rotating internship.

As to specific training in *child psychiatry*, two or three large foundations supply fellowship grants to suitable and carefully selected candidates. There are both community and liaison clinics which have made themselves responsible for teaching programs. Though all such clinics have in common the fundamental principles of study and the fundamental therapeutic goal, some of them differ in their methods of treatment, in what is sometimes spoken of as "the approach". My experience has led me to believe that it matters little through whatever method a fellow in training finds his way to child guidance. A good teaching center should be sufficiently liberal and tolerant to see to it that the young trainee not only conforms to its own way of doing things, but also broadens his outlook by making him acquainted with the work done in other centers. This can be done by a combination of reading assignments, seminar discussions, attendance at conventions and brief visits to other clinics. Eventually the gifted trainee will, if steered away from dogmatic musts, adapt the

results of his training to his own specific abilities and needs, to his own personality makeup, and be so much the better therapist for it

There has been some controversy regarding the question as to whether or not training in child guidance should include the acquisition of the ability to do psychometric and other testing. It has been stated that these "technical" functions should be left entirely in the hands of psychologists. It is, of course, highly desirable to have a psychologist take over these functions, which are the psychologist's special domain, and give the psychiatrists more time for therapeutic work. This does not, however, mean that the psychiatrist should remain ignorant of these activities. Even a foreman in a factory is expected to have had experience with the technicalities of the functions of each member of his crew. Whether or not the fellow in training will later wish or be required to do any testing, he should certainly have done it a sufficient number of times to be able to evaluate results and not to be completely lost when the psychologist is absent for a time.

Training in child guidance and child psychiatry should, however, not be limited to those people who go into psychiatry with the definite intention of devoting their efforts to behavior problems of children. The knowledge of early disturbances of adjustment and relationships is rightly becoming an essential prerequisite also for those psychiatrists whose main activities are addressed to adult patients. There is no longer a trace of doubt regarding the uninterrupted and integral coherence of each individual, not only from the point of view of factors and impacts of the moment or the immediate past, but also from the point of view of a dynamic hanging together of experiences and emotional anchorage from the very beginning of life and throughout the years of maturation. Psychiatric instruction in very many instances still provides the young psychiatrist exclusively, or almost exclusively, with the presentation and samples of adult problems. It is true that psychiatrists are taught to trace these problems as far back as possible and that the genetic-dynamic significance of infantile and juvenile happenings is emphasized. But very frequently early difficulties of adjustment and relationships are taught only in retrospect, as some of the forces which have helped to determine the adult patient's disturbance of the moment. Thus the childhood disorders, even though taught as historical determinants, have for the young psychiatrists something of a hearsay quality rather than that of actual first-hand observation at the source. It is often surprising how little, for instance, the average state hospital psychiatrist knows about children, parent-child relationships, early sibling relationships, problems of school and vocational adjustment, early formations of ideals and early sex orientations. Yet the same psychiatrists are expected and make an effort to understand the difficulties of their adult patients in terms of developments of the whole life span of those patients with special emphasis on infantile and juvenile backgrounds. At the Johns Hopkins Hospital internes of the Henry Phipps Psychiatric Clinic spend four months of their internship

in full-time capacity at the Children's Psychiatric Service. Similar arrangements exist in a small number of other teaching centers. It is highly desirable that such opportunities be made a definite routine wherever psychiatry is taught.

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THE TRAINING OF THE PSYCHOLOGIST FOR CHILD GUIDANCE

By

CHAUNCEY M. LOUTTIT

THE work of the psychologist in a child guidance clinic is one kind of clinical psychology. This branch of applied psychology has been recently defined by Doll as "a comprehensive appraisal of the individual based on his previous history and present status for purposes of interpreting or facilitating social adjustment and self realization."¹ Obviously a field so defined includes a number of sub-specialties, e.g., in delinquency, mental deficiency, vocational and educational guidance, or marriage problems. Among such sub-specialties is to be included child guidance, i.e., the integrated effort, described elsewhere in this book, designed to establish and maintain behavior development toward the end of achieving emotional and intellectual adult maturity.

The problems confronting the child guidance worker are so varied—including physical, psychological, social and educational conditions as the major categories—that it is generally conceded they can be attacked most successfully by the cooperative efforts of several professional groups. While there have been suggestions as to the possibilities of a new vocational curriculum to train behavior clinicians,² the standard professional team in child guidance clinics today includes the psychiatrist, the psychologist, and the social worker. The efficiency of this arrangement was amply demonstrated in the experimental program conducted during 1921-1926 by the Commonwealth Fund.³ While each of these professions has its own technical contribution to make, each must at the same time be sensitive to, and understand the special contributions of the others. When the members of the clinic group have respect for and trust in each other's professional competence, all make mutually valuable contributions. When there is not mutual respect, or when one or another of the professions is subordinated, then results are frequently not satisfactory. How-

¹ Doll, Edgar A. Preparation for Clinical Psychology. *J. Consult. Psychol.* 1939, 3:137-140. Cf. also Louttit, C. M., The Nature of Clinical Psychology *Psychol. Bull.* 1939, 36:367-371.

² Cattell, R. B., Psychologist or Medical Man? *Schoolmaster*. Sept. 1932. Louttit, C. M., Nature of Clinical Psychology *Psychol. Bull.* 1939, 36:383-384.

³ Lowrey, L. G. and Smith, G. The Institute for Child Guidance, 1927-1933. Commonwealth Fund, New York, 1933; Stevenson, G. S. and Smith, G., Child Guidance Clinics. A Quarter Century of Development. Commonwealth Fund, New York, 1934.

ever, it is not our task to discuss the operations and internal administration of the clinic, but to consider the particular contribution of the psychologist and thence to suggest the necessary training.

The work of the psychologist. The professional functions of the psychologist as a member of the clinic team have been described by psychologists and psychiatrists a number of times. It is hardly in point here to review the differences in described functions because there are data (shown in table 1) available from a survey of the types of work actually being done by 111 psychologists working in 70 different child guidance clinics.⁴

TABLE I

Types of work done by 111 psychologists in child guidance clinics.

	<i>Number reporting</i>	<i>Per cent</i>
Psychometrics	96	86.5
Educational guidance	81	73.0
Vocational guidance	77	69.4
Diagnostic interviewing	72	64.9
Remedial teaching (speech, reading, etc.)	49	44.1
Psychotherapy (therapeutic interviewing)	39	35.1
Research	14	12.6
Teaching	10	9.0
Administration	4	3.6
Social investigation	3	2.7

It is evident from this table that most psychologists were engaged in diagnostic and advisory activities, viz., psychometrics, diagnostic interviewing, educational and vocational guidance. About half of them reported doing corrective work in remedial teaching and psychotherapy. The additional categories are extraneous to clinical work as such. This listing of activities delineates the main lines which professional training should follow if it is to prepare people for the work which will be required of them.

It must be remembered that, while the pioneer work in clinical psychology was started forty years ago, the greatest growth has come within the last decade. This growth was a result of the needs of agencies other than universities, so that the tasks of training centers and operating agencies were not closely integrated. This separation has become evident, so that now problems of training clinical psychologists are being actively discussed within the profession and very definite changes may be expected during the next decade. The specialized requirements of training clinical psychologists have scarcely been recognized

⁴ Louttit, C. M. Unpublished Report to the Clinical Section, A.A.A.P., Sept. 1937. See also Louttit, C. M., *op cit*, p. 374.

by university administrations; in fact, they all too frequently are not recognized by the traditional department of psychology. Perhaps the wisest course to be followed in this chapter is to attempt to indicate the trends commonly thought desirable and to indicate how such desiderata may be met in the usual academic curriculum.

Inasmuch as clinical psychology is a new profession in contrast to law, medicine, engineering or teaching, it has neither a body of tradition nor the results of experimentation to govern a training program. Furthermore, students are seldom as aware of the vocational possibilities in this field as they are of those in medicine or engineering. Therefore, the student's decision in favor of clinical psychology as a profession is usually arrived at late, and frequently with inadequate appreciation of what training is involved.

There are three characteristics fundamental to any program of training in clinical psychology. First, clinical psychology is an applied profession and therefore requires a somewhat broader training than is absolutely necessary for academic psychology. The clinical psychologist deals with the problems of individuals living in a complex world; each of these individuals has his own unique reactional biography. If the psychologist is to have insightful understanding of his subject's problems, he must have knowledge and appreciation beyond the narrow confines of the one science of psychology. Familiarity with the related sciences, such as sociology and physiology are, of course, necessary; but beyond this the more successful clinician should have a broad, if not expert acquaintance with the humanities. Therefore, the training curriculum must be varied and the formal content must be supplemented by wide reading and rich experience.

Secondly, the trend is unmistakable that the training program for acceptable proficiency in clinical psychology cannot be less than seven years. Of the 111 psychologists in child guidance clinics mentioned earlier, there were 15 holding the B.A. degree, 66 with the master's degree, and 30 with the Ph.D. or an equivalent. Those with the B.A. degree were doing essentially routine psychometric work, a majority of those with a master's degree were also doing psychometric work as their chief function; the full responsibility of the clinical psychologist was found almost exclusively among those persons holding the Ph.D.—the exceptions being individuals with ten or more years of experience. The minimal standard for membership in the American Association for Applied Psychology, which requires the Ph.D. plus at least one year of practical experience, is another indication of the current trend. However, this degree requirement is not always demanded by many employers; in fact, certain school systems and clinics not only accept, but prefer less training. For this reason perhaps the immediate goal of graduate study should be the M.A. degree, but the advantages of working continuously to the doctorate should not be forgotten. Nevertheless, advanced work is necessary because of the need for broad, as well as expert, knowledge, which cannot be gained in the four years

of undergraduate work. Therefore, the student desiring to enter clinical psychology as a vocation must plan for graduate study.

Thirdly, while a broad knowledge is necessary, the student must have ample opportunity to use this knowledge in practical situations. As in medicine, teaching, or engineering the basic academic work must be fused into a functioning body of knowledge and skills in the fire of practical experience. Such experience may be secured in part in connection with the academic program, but of perhaps greater importance is a period during which the student must meet the practical problems of the clinic as they occur without the interruption of required academic activities. Such opportunity is provided in the internship year which is increasingly recognized as a necessary part of adequate training.

Undergraduate program. The desirable sequence of study for the child guidance psychologist, as for any other profession, is from the general to the specific and the technical. Undergraduate work should be definitely pre-professional, but at the same time it should provide a sound basis for professional work. Because of the wide variations in formal course requirements among various colleges, it is impossible to specify undergraduate courses in detail. College algebra (calculus, if possible) as a prerequisite to statistics, English composition and literature, at least an elementary year in both French and German (largely because of the graduate school requirements in these languages), chemistry, and physics are all highly desirable. The more strictly pre-professional courses should include biological and social sciences, education, and psychology. In general, equal weight might be given to each of the first three of these pre-professional fields and twice as much to the fourth, e.g. 30 hours in psychology and approximately 15 in each of the others.

While biology, sociology and education are all important, and especially so at the pre-professional stage, the student's interest in one or the other of the three major sorts of child guidance clinics—community, school, and hospital—may justify unequal weightings. Professional educational courses, including practice teaching, sufficient to meet teaching license requirements are both highly desirable for work in school clinics and afford minimal preparation for the educational activities frequently expected of the psychologist in any type of child guidance clinic. Work in the biological sciences should emphasize physiology and anatomy. In the social science area sociology and economics are of greatest significance.

The program in the major field should include elementary courses in general, experimental, social, and applied psychology. Additional hours should be distributed among the several special fields with child, adolescent and educational psychology, tests and measurements, personality and mental hygiene, and statistics taking precedence. While courses with exactly these titles may not always be available, the pertinent content can usually be obtained.

The program suggested here is in general agreement with those usually described and it has three values. First, it affords variety of background. Sec-

only, there is sufficient work in the four most significant areas to permit work at the graduate level. Finally, there is at least an introduction to the more important ancillary fields—biology, social science, and education—which are usually expected to be within the range of knowledge of the child guidance psychologist.

Graduate work Many psychologists believe that at least two grades of child guidance psychologists should be recognized: a junior level at which the responsibilities should be psychometric, and a senior level at which responsibilities should include diagnosis and certain types of therapy. This division has been recognized in the civil service regulations of several states as well as in those of the Federal government. The junior level usually requires the M.A. degree or an equivalent, while the senior level requires the Ph.D. or graduate work and extensive practical experience. The existence of this division must be recognized in any training program.

Junior psychologist. The usual requirement for the lower grade is the master's degree or an equivalent. The responsibilities are usually limited to the administration and interpretation of various psychological tests. Thus the major emphasis for the first graduate year is set. A major portion of this year should be devoted to psychometrics, both statistical and clinical. Course work in test construction and statistical analysis of test scores should be followed by detailed study of the major tests in clinical use. Just what should be included in a list of most used tests cannot be stated with dogmatic finality. The surveys by Fenton⁵ and by the American Psychological Association Committee⁶ show the frequency with which various tests were actually used in psychological clinics. Among the tests mentioned most frequently in both lists are the Stanford-Binet, the Porteus Maze, the Pintner-Paterson and Arthur Performance Scales, the Gesell Developmental Schedules, the Merrill-Palmer Pre-school Test and the Goodenough Draw-a-man Test. To this list should be added such newer tests as the Kent Oral Emergency, the Bellevue-Wechsler Adult Intelligence Scale, the Vineland Social Maturity Scale and the projective techniques such as the Rorschach and Thematic Apperception Tests.

The necessary sequel to academic consideration of tests and test methods is laboratory work in which the student has opportunity of administering tests to children. Psychologically the greatest significance of test results in a clinical situation is the interpretation of the total score in the light of the child's attitudes, his specific responses to various items, the variation in score among different sorts of tests and so on. Expertness in evaluating total test performance, as contrasted to dependence upon the IQ alone, can come only through insight into the nature of the tests and through experience in giving many

⁵ Fenton, N. and Wallace, R. Use of Tests in Twenty-eight Child Guidance Clinic Centers in the United States. *J. Juven. Res.* 1934, 18 115-118.

⁶ American Psychological Association. Clinical Section. The Definition of Clinical Psychology and Standards of Training for Clinical Psychologists. *Psychol. Clinic.* 1935, 23:2-8.

different kinds of tests to many different kinds of children. During the first year such administration should be under close supervision. Indirect observation of the testing situation through a one-way screen is much to be preferred over direct observation with the supervisor in the immediate situation. In the latter case, possible emotional disturbances of both the subject child and the examiner may invalidate the examination. Detailed records of responses and of observations on the child's reactions should be made by the student examiner and should be carefully checked by the instructor. The student's experience, his records and the instructor's comments should be the subject of discussion by all members of the practice testing class. Such sharing of experiences and ideas are valuable for full utilization of the student's beginning testing experience.

Additional work of the first graduate year should give the student further psychological orientation, with somewhat greater emphasis upon the problems of individual psychology and upon the social aspects of personality development. About one-third of the work should be in a minor field with social science perhaps taking first place. However, this will be determined in part by the nature of the student's interest. Education or physiology may be of more importance as earlier suggested.

Senior psychologist. The senior psychologist's training is represented by the Ph.D. degree or an equivalent. His responsibilities in different agencies may range from essentially routine psychometrics to full administrative and supervisory authority. While the highest degree of authority comes only after long and varied experience, the young clinical psychologist should be able, after completing his graduate work, to take responsibility for complete diagnosis and for planning corrective programs. Such responsibility requires not only academic training, but also considerable clinical experience.

Undergraduate work and the master's degree are roughly analogous to the pre-medical and pre-clinical years in medical education. At the beginning of advanced graduate work the student should have a thorough grounding in the basic sciences, in psychology, in the closely related fields of social science, education, and physiological or medical sciences, and he should have the basic skills of testing and interviewing well established. The last two graduate years should be devoted to increasing detailed knowledge of clinical fields and the one or two related fields of greatest interest. Course work in psychology might include special study of important problem groups, e.g., the feebleminded, the physically handicapped, the educationally retarded, or delinquents; detailed advanced consideration of personality development in children; the child's place in society; the social and community relations of the clinic; clinic administration. Consideration of the specialized contributions of the several professional groups working in child guidance clinics and the relation between these groups is important.

The minor fields should not be too rigidly bounded. Breadth of knowledge as the basis for rich clinical insight should be the primary directive for clinical training. In these last two years especially the student's interests must determine the minor concentration. If he prefers the school clinic, further educational practice and administration will be important. For the community clinic social work technics and community organization are indicated. Surveys of medicine and psychiatry are important in all clinical psychology, but would be especially pertinent for work in a children's hospital.

At least half of the time during the last two years should be spent in clinical practice. Any acceptable training center will have as part of its own program a clinical service to the community or it will be closely associated with a community agency offering guidance service. Each student should spend considerable time in such practical situations examining as many different sorts of problems as possible. Continuing supervision and group discussion are as necessary here as in the first year. The student's thesis problem and the experimental work on it should arise from and be closely integrated with his clinic practice.

Internship. The importance of practical experience has been pointed out several times above. The importance of this is further attested by the attention which has been paid to the question of internships.⁷ The internship differs from the practical work done as part of the graduate requirements because of reduced immediate supervision which requires greater assumption of responsibility and because for the first time the student has to meet the usual problems of the clinic on a full-time basis and as they happen to appear. In short, he begins his life work apart from other academic requirements and yet under some supervision.

An internship year frequently is done immediately following the completion of the Ph.D. degree, although there are some arguments for its being inserted between the last two years of graduate work. For example, at Indiana University such an internship year has been made a requirement for the Ph.D. degree in the clinical area. One of the main reasons for this requirement is that inasmuch as the internship is not traditional in psychological education, there could be no guarantee that a student would get the necessary experience once the degree was granted. While the program means that at least three and a half or four years of graduate work are required, students granted degrees have both a sound academic training and also considerable practical experience. Another reason, suggested by Shakow, is that by having the final year at the university following the internship permits "the final integration of the experiences acquired during the internship with the theoretical prin-

⁷ Shakow, D. An Internship Year for Psychologists. *J. Consult. Psychol.* 1938, 2:73-76; Burchard, E. M. L., The Reform of the Graduate School Curriculum in Psychology *Psychol. Exch.* 1936, 3:7-12. The Committee on Training in Applied Psychology and an earlier committee of Internships of the Amer. Assoc. for Appl. Psychol. is actively discussing the problems of providing internships.

ciples emphasized by the university".⁸ While many questions concerning the internship remain to be answered, the necessity of such a year is universally recognized.

SUMMARY

It has been the purpose of this chapter to describe in a brief fashion the nature of desirable training for clinical psychologists in child guidance clinics. The discussion may be summarized by emphasis on four points (1) Professional training should follow a program of studies integrated from the Freshman year through the doctorate. (2) The curricular content should provide acquaintance with science and the humanities, should ensure expert knowledge of psychology; and should familiarize the student with the associated professional and scientific fields of sociology, psychiatry and education. (3) The sequence of course work should start with general pre-professional work, followed by more detailed pre-clinical study, and be completed with academic and practical work of specific clinical nature. (4) An internship year must be considered as a necessary part of the training program, and is perhaps best undertaken preceding the last year of graduate work

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⁸ Shakow, D. Unpublished report prepared for the Committee on Training, American Association for Applied Psychology, 1941.

THE TRAINING OF THE SOCIAL WORKER FOR CHILD GUIDANCE

By

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FROM the standpoint of professional education, a social worker in a child guidance clinic is primarily a social worker and secondarily a case worker who to an extent has specialized in social psychiatry and therefore, is known as a psychiatric social worker. A discussion of training for child guidance essential to the social worker in the clinical setting must consider first what constitutes sound education for the profession of social work. With some conception of education for the profession as a whole, one can consider the field of study essential to the social case worker and more specifically to the psychiatric social worker. In viewing present practices and emphases in social welfare education, it is well to see them in the perspective of their evolution and I shall therefore, review briefly some of the high points in their development.

During the early days of social work in this country training was on an apprenticeship basis within social agencies. Gradually as social workers began to build up a content of knowledge and to formulate some technical skills, training courses developed within social agencies. As fairly extensive training programs were developed, the early schools of social work emerged from the social agencies as social workers saw the need for professional schools and took action in organizing them¹. There was a period in which some of the schools of social work were to a considerable extent technical schools offering a few courses, largely in social case work, to students who still were working on an apprentice basis within the agencies in the school community. As these schools added course contents in other fields some of them still continued to offer specialized training sometimes of a technical nature. (Specialization does not necessarily imply course content of a technical rather than professional nature. It tends to do so however, when narrow specialization precedes a broad foundation). In fact, specialization reached a point in some schools where a student might specialize in a particular aspect of social case work, as for instance in psychiatric social work, at which time his field of study

¹ See Abbott, Edith, *Social Welfare and Professional Education*, University of Chicago Press, Chicago, 1931, pp. 21-25.

consisted largely, if not wholly, of courses in psychiatry, psychology, case work and clinical field work. In some instances the hours allotted to psychiatric and psychological contents exceeded those allotted to social case work contents. In short, the student gave more time to acquiring psychiatric theory than he did to learning how to apply it in his own field. It is small wonder that clinic workers frequently have failed to bring a vital social welfare contribution to the administrative problems of clinics in relation to the communities they serve, as well as into their case work practice with individual patients. It would seem inevitable that the clinic social worker frequently has tended to lose professional identity and to become a pale substitute for the psychiatrist.

Over-specialization and technical emphasis also have been a result of the pressure of time. The pressures created by the social and economic upheavals which have come one after another throughout almost the entire life period of the schools of social work have created such a demand for social workers that minimum training has been acceptable for employment in this field. For a long time it was difficult to keep a student for more than a year and only recently have large numbers of students been remaining in the Schools to complete a two year curriculum for the Master's degree. And so, confronted with the untrained worker, the pressure of time, and the complex demands of a profession, we have sought the technician's well defined techniques, and his highly selected, pre-digested contents of knowledge to pass on to those entering the field in order that they might become quickly effective.

Another factor reinforcing the technical emphasis was the misconception as to what constituted sound education for the field of social welfare on the part of the faculty in some of the colleges and universities in which schools of social work were established. These institutions frequently began by delegating social work course contents to a representative of one of the older social sciences as sociology, economics, business or history, who would add on a few courses, probably what he would term social work "techniques" and field work in order to make the student employable in our field. In envisaging the scope and nature of education for social work, Miss Abbott, a pioneer educator in this field who has long fought for professional education versus technical training, states.² "Well, this is neither the science nor the art of our profession. It is nothing but an inadequate beginning and too often serves to cover an artful dodging of the real issue. The real issue is that there is a science and art of social welfare administration worthy of the best teaching, worthy of the best students, and in the years to come, if you and I fulfill the trust that is reposed in us and look forward to its more adequate development and presentation, destined to stand high and unchallenged in the ranks of the older cultural and disciplinary subjects in the social science field. Let me go a step further and say that I think a good professional school of social

² *Ibid.*, pp. 67-8.

welfare not only needs a close connection with a good university where there are strong social science departments of government, economics, sociology and psychology but I venture to suggest that the modern university also needs such a school and that the time will come, and come soon, when social service will be recognized as necessary in every university where the social sciences meet their fullest development. Whether our social science friends know it or not, social service brings with it an understanding of a broad field of scientific interest which, because of its importance to the state, if no other reason, cannot fail to be of great importance in future social science developments."³

The limitations of the early, and even now not wholly extinct technical school repeated those of the apprentice period in that the students spent the bulk of their time in agency supervised work. Furthermore, the courses given tended to be few and also had a technical focus; that is, their content emphasized skills and so-called techniques as applied to specific problems rather than basic principles of practice as attained through a scientific way of thinking, historical perspective and the development of a social philosophy.⁴ In technical education the field of practice determines almost wholly the content of training. In order that sound professional practice may be an assured rather than a chance development, it is the conviction of some educators that this profession's schools, as in other professions gradually must come to influence or determine professional practice to a considerable extent. Gradually the tendency toward narrow specialization is being replaced by a common emphasis upon a generic foundation so that the Schools today are becoming increasingly concerned with the education of social workers for the profession of social work rather than with the training of workers for particular aspects of the field of social welfare. This is definitely stated in a recent study conducted by the American Association of Schools of Social Work which reports, "Specialization in the curriculum is accepted, yet there is increasing agreement that the entire two years of preparation should be more general than specific."⁵ This has come about through the leadership of some of our educators. It is a trend which is gaining momentum however, through pressure from the field in which the heads of social agencies and of national organizations, both public and private, are making known their preference for the social worker with a broad orientation, almost regardless of the particular niche which that social worker may fill.

What constitutes a broad orientation, that is, education for the profession of social work as a whole? There is difference of opinion among educators

³ *Ibid.*, pp. 68-9.

⁴ For discussion of the place of skills versus basic principles in practice see Hamilton, Gordon, "The Philosophy of Case Work Today," *The Family*, July, 1941, also in *Proceedings of the National Conference of Social Work*, 1941. See also, Towle, Charlotte, "The Underlying Skills of Case Work Today," *Social Service Review*, September, 1941; also in *Proceedings of the National Conference of Social Work*, 1941.

⁵ *Education for the Public Services*, report of the Study Committee of the American Association of Schools of Social Work, University of North Carolina Press, Chapel Hill, 1942.

as to essential content but considerable agreement also. The fields of study have been variously classified and I shall refer to two classifications.⁶ Miss Abbott descriptively defines six fields on the academic side in addition to that important aspect known as field work. Her summary of essential contents presents clearly the import of each field in itself as well as their interdependence, which in her opinion, makes it unsafe to omit any one of them from the School program. Her discussion with some deletions follows.

First, there is the field of social treatment covering the principles of dealing with families and individuals in need of assistance and advice. This is really the field of case work. . . . It is this field which represents perhaps the most unique and the most fruitful of the recent contributions of social workers to the social order.

This should, however, be looked upon as a broad field, including the principles and methods of dealing with families of many kinds and with individuals who no longer are members of family groups and with children of many sorts, alone or as members of family groups, and with individuals who need specialized treatment, such as the physically or mentally sick, and finally the delinquent members of the community whether they are members of families or alone. This field, of course, requires an understanding of social psychiatry and the behavior disorders of children, it requires a good understanding of the social aspects of medicine, it requires an understanding of immigration and immigrants, and the laws which now control human migration to this country, and it should include a competent understanding of the proper treatment of offenders against the law—let us say principles of penology and criminal justice. As a matter of fact we have in this field of social treatment the whole science of human relations and not merely courses dealing with the processes usually followed in "family welfare" or "child welfare" or "medical social work" or "psychiatric social work." The fact that the field has heretofore suffered from major operations and amputations and unnecessary isolations is no reason we should not look at it with a broad professional and scientific understanding of its future possibilities of development.

Second, there is the great field of public welfare administration. It is essential if a science of social welfare is to be developed that all social workers should understand the methods of organization, control, and administration of our public social services. The great advances in social work in the future must come through public rather than private agencies since only the public agencies can secure adequate funds for meeting modern standards. This again, of course, is a broad field including such subjects as the organization and administration of our great state and county welfare departments, the setting up of social services in connection with the courts, and the making of charitable budgets out of public funds. This field presupposes a very competent understanding

⁶ *Ibid.*; see also Abbott, *Op. cit.*, pp. 48-58.

of the subject of social treatment in order that the application of case work principles to our public services should not be forever neglected. In our great institutions for the sick, the insane, the feeble-minded, the crippled, the aged, there is *grave need of the individualization of treatment added to the science of institutional organization and management*—and I do not of course mean dietetics any more than I mean nursing. Institutional management is something more than the question of food or bedside nursing, there are large questions for the social welfare expert to deal with—questions involving the relation of the institution to the community and the family groups and individuals concerned . . .

Third, there is the field of social research, including social statistics . . . I wish again to emphasize two points regarding the importance of statistics for the social worker. This is not only because every social worker ought to be a research worker but also because it is important that the statistical literature of our profession should be competently read. Social workers should be able to deal critically with the statistical arguments so often and, too frequently, so fallaciously, marshaled in support of some proposed measure of reform. Moreover without a competent understanding of statistics and other research methods they will not be able to understand the significance of their own work on the scientific side. One reason for the slow progress of some important social reforms in the past has been that social workers were not trained for research and were not expected to analyze and interpret their own data, and persons from other professional groups who did not properly understand either the purpose or the method of our work were called in for special surveys.

Fourth, there is the field of law and government in relation to social welfare. This is, of course, closely related to the field of public welfare administration, but all these fields are closely related and, as I have said, every social worker should have a competent understanding of them all. It is well, however, to distinguish this fourth field since the subject of social legislation is so important in our profession. This field of study includes as important subdivisions the subject of statutes and statute-drafting in social welfare; administrative law in its application to social welfare; and the courts in relation to social work. Every competent social worker, whether in the field of family welfare or child welfare or psychiatric work, or whatever specialty, should understand the elements of law in relation to her subject. There is nothing so intricate about wage-claims, the law of adoption, or the commitment of the insane, that our professional group should not understand them competently—be able to criticize the statutes now in use, and be able to draft new ones if new ones are needed. Do not think I am trying to make lawyers out of social workers—far from it! But just as the case worker studies psychiatry or needs to understand something of medical questions . . . without being a doctor, so she should also understand the legal questions in her field without being a lawyer . . .

Our fifth field is what may be called social economics and social politics, including social insurance. This field is necessary because of the programs of social reform for which we are responsible, which we frequently initiate, and which we must always be able to support or reject intelligently. Take a new proposal like "family allowances." Are we for or against allowances for the children of able-bodied workingmen employed on a full-time basis, and shall such allowances come from an industrial pool or directly from taxes . . . Certainly we cannot pass judgment on such a question without a sound understanding of economic principles. This is true also of many questions of social insurance, workmen's compensation, and the minimum wage . . .

The sixth field from which basic principles may be discovered is that of the history of social experimentation . . . This subject is of first-rate importance because experiments involving the lives of human beings are very costly and ought never to be unnecessarily repeated. Moreover, it is only by building on the knowledge of the past that we shall go forward and not backward. Are we doing this? . . .

These six fields . . . represent only the academic side of our program. There is another side of equal importance and that is what is usually called field work but which might well be called clinical social work because it resembles in some measure the clinical work of the medical schools. As the medical schools grew out of the hospitals, so the teaching of students in the field of social welfare has grown out of the social agencies established by the community to meet the social needs of the time. Like the medical schools, we should have clinical as well as academic teachers . . .

The provision of adequate field work and its educational organization is the most difficult and most unique side of our work and should be carried at the same time as the academic courses, so that one may serve to strengthen the other. Our great problem has been, and still is, to make field work truly educational. Its importance is accepted by all of us; but few attempts have been made to analyze carefully its educational content and the methods of securing proper educational results.

The necessity for field work proceeds from two causes; first, because in social work, as in medicine, we know that no two cases are exactly alike and that treatment cannot be prescribed by theoretical reading alone—that books and lectures by themselves are not an adequate method of instruction. The student must gradually acquire under the careful supervision of experienced field instructors the habit of analyzing promptly, speedily, but expertly, all the contributing factors present in a given situation and learning to take action, as the physician must, swiftly and competently, second, under guidance of this sort—and in this way only—can responsibility be developed and tested—the kind that is needed for grave decisions involving the lives of human beings—men, women and children—who are, too often, friendless people.

The report of the Study Committee of the American Association of Schools of Social Work depicts the course contents of the forty accredited schools of social work as falling into the following eight fields. It makes clear the fact that there is considerable variation among the Schools in what they provide in any one of these fields, in fact, not all fields are represented in all Schools. There is variation among Schools also in the extent to which students center in any one or two fields to the exclusion of others, or in the extent to which their programs cut across all the fields. As stated before, this report comments, however, on the increasing agreement that the entire two years of preparation should be more general than specific. Their classification of courses is as follows.*

(1) *Understanding the individual* or sometimes referred to as the field of "Individual Treatment" includes all courses in medical information for social workers, psychiatric and psychological information for social workers, and social anthropology. These are the contents from related fields which social workers have drawn upon in their attempts to understand the individual.

(2) *Basic practices in service to individuals and groups* includes all courses in case work, group work, and community organization. "Case work, group work and community organization are considered as basic methods or tool courses which acquaint the student with the processes of practice in the field. Within this group the case work is the most highly developed; yet encouraging progress is being made in a clarification of the group work process and its place in the field. Although it has long been accepted as a subject taught in the Schools, community organization is hardly recognized as a 'process. There is an increasing tendency to consider it so, however, and it is, therefore, included here."

(3) *Administration*. All courses dealing with the organization and management of social agencies, public and private, from the standpoint both of the staff worker and of the executive.

(4) *Public Welfare Administration*. All courses dealing with the structure and organization of Public Welfare Services, including the general administrative relationships of the Federal, State and Local units in the field, also, courses dealing with the problems of administration in the public welfare setting. Aspects of the whole field of public welfare are listed as follows: Public Welfare Administration, Public Assistance, Social Insurance, Courts and Social Work, Family and the State, Personnel Problems in Public Administration, Finance. Included also as closely related to this field are courses in Economics and Political Science.

(5) *Research*. Courses in Methods of Social Investigation, Social Statistics and the instruction given on Thesis or Research Projects, required by Schools which grant a degree and by some which award certificates. "The basic course

* This is an abstract. All quotations are from the report but much of the discussion of the purposes of the course content has been omitted.

in research may serve to acquaint the student with methods in the field, to develop on his part the attitude of scientific study of programs or procedures and to give him some basis for understanding and evaluating social data. Such a course may also serve as the introduction to a sequence of specialization which will equip the student to undertake independent investigation and to carry the work of research agencies.

(6) *The structure and function of agencies* Courses which give historical background as English and American Philanthropy, courses in Health and Education, courses in Housing, Juvenile Delinquency, Probation and Parole (other than case discussion courses) "Courses which deal with the mosaic of social services and their inter-relationships . General courses offered in all fields which will include historical perspective, present structure, agency function, and the relationship to other functional areas in the total field of the social services."

(7) *The framework of the community* Courses concerned with the social and economic framework of society and which focus on modifying the relationship between the individual and society through changing factors, forces, institutions in society Courses in social planning, rural and urban problems, propaganda and public opinion, labor economics, industrial problems, standards of living, social economics, etc.

(8) *Field Work Practice*. All courses which give actual experience in practice. Case work in all types of case working agencies Group work in group working agencies A few Schools offer as field work, actual practice in administration and in community organization.

Turning from this consideration of the field of study involved in education for the profession of social work to "the training of the child guidance worker," one must consider briefly such a worker's general function. In the child guidance setting, as in any social agency, a social worker may serve in administrative capacity, or as a case worker. If the former, she is administering a case work program and probably has moved to this position from the case work ranks. The child guidance clinic may operate under public or private auspices but in either instance it generally serves the community and its program must be defined in relation to community needs and social resources. Furthermore, the prospect is that children's clinics will become increasingly a public social service. In the past she would have been considered primarily a psychiatric social worker and rightly so for probably her training would have been heavily centered, if not solely confined, to the field of individual treatment and case work contents. Today she will be increasingly more prone to be considered primarily a social worker but one who is functioning as a case worker or as the administrator of a case work program in a psychiatric setting and rightly so if her education has been for the field as a whole. This would seem to be imperative in terms of the community aspects of child guid-

ance developments.⁷ A consideration of the evolution of the case worker within the profession of social work may make more clear the need for a broad educational foundation.

Prior to the establishment of the schools of social work, and for some time thereafter with vestiges into the present, social case work training was on an apprenticeship basis within social agencies. Its gradual movement from the agency to the school paralleled that of other aspects of the field of social welfare. Viewed in retrospect, some of the limitations of the apprentice period are as follows: The student was taught by practitioners who may or may not have been able teachers with a sound content of knowledge and skills to impart and with a generous margin of time to devote to the student. The orientation given the student was limited by the bounds of the particular agency and community rather than an orientation emerging from the knowledge and experience of many people in varied settings. Often the student was paid and though the stipend may have been small, his educational interests frequently were sacrificed to the routine demands of the agency. The limitations of the early and even now not wholly extinct technical school have been discussed and if one were to consider this period in relation to social case work contents one would make the same criticisms as for the curriculum as a whole. Gradually as social case workers became concerned with rendering more help to people than was implied in remedial and palliative efforts focused on the specific problems presented, this branch of the profession began to draw on related fields of knowledge. It became clear that it was essential to understand the social order in terms of the social and economic forces which operate to cause human maladjustment, thus calling for an orientation in economics, and the history of past social welfare efforts. It was obvious also that it was essential for a social case worker to have a knowledge of how to help people within the structure of society and of how to use its institutions and agencies in the interests of the individual. This made necessary course contents in public welfare administration, community organization and social legislation. In addition to this socio-economic orientation there was need for medical information, psychiatric and psychological contents to be incorporated into case work contents. In order that work either with individuals or the community might proceed intelligently, social research and a working knowledge of methods of social investigation was indicated. As technical training in the social case work field gave way to education for the profession as a whole, more time has been allotted to classroom work while apprentice training in

⁷ For the past history and present and future trends in the Child Guidance Field see Witmer, Helen L., *Psychiatric Clinics for Children with Special Reference to State Programs*, The Commonwealth Fund, New York, 1940.

Reference to State Programs Commonwealth Fund, New York, 1940, see also, Stevenson, George S. and Smith, Geddes, *Child Guidance Clinics*, Commonwealth Fund, New York, 1934; see also, Vogel, Victor H., "Mental Hygiene in the State Health Department," Reprint No. 2221, *Public Health Reports*, Vol. 56, No. 1, January 3, 1941.

an agency has been replaced by field work assignments in which there is a specific number of hours of field work required of the student and the supervision of this work is either provided by the School or controlled by it to sufficient extent that presumably, some integration of classroom content and practice is assured as well as standards maintained.

This important aspect of the curriculum warrants the close concern of the Schools for in field practice the student begins to learn to apply the theory acquired in the classroom and it is here that contents of knowledge in various fields of study may take on greater meaning and become assimilated and integrated. It is here also that the social worker experiences identification with his profession and begins to develop what has been termed a "professional self."⁸ This term has sometimes been misinterpreted to mean "bedside manner." It is far more than that—it is the development of the capacity to assume professional responsibility and to think and function objectively so that the client is assured of help rendered in accordance with his need rather than in terms of the worker's need. It is in field work that the student may begin to understand himself in relation to the persons whom he serves and the agency service which he administers and through this understanding begin to deal with his own bias so that what he observes and hears may not be wholly colored by his own notions, and so that what he does may not be largely an enactment of his own subjective need.

The need to make field work truly educational has long been recognized as a very real problem. There has been growing recognition of the fact that the field work supervision afforded the students cannot be merely an extension of case work supervision but must be differentiated as a conscious educational process and that the schools of social work should assume responsibility for the development of case work teachers who are educators as well as intelligent and skilled case workers. There is considerable difference of opinion among social work educators as to how this should be done, any discussion of which transcends the subject of this paper. This educational problem is noted here merely to show that it is recognized that field work instruction should be an integral part of professional education rather than an adjunct to it.⁹

This discussion of the several fields of study which constitute education for social work may convey the impression of a disparate curriculum. Actually however, there need be little incongruity. Each field of study has certain objectives within itself as a specialty. It has also a contribution to other courses and a relationship to the curriculum as a whole. While it is recognized that the student in the last analysis will find the relatedness of these various contents and that he will do the integrating, a process which cannot be done for

⁸ Robinson, Virginia P., *Supervision in Social Case Work*, University of North Carolina Press, Chapel Hill, 1936.

⁹ Abbott, *Op Cit*, pp. 57-58; *Ibid*, see also Taggart, Alice, "Some Basic Concepts Regarding Field Work Training for Psychiatric Social Work," *American Journal of Orthopsychiatry*, 4 365, July, 1934; see also, Reynolds, Bertha C., "The Art of Supervision," *The Family*, June, 1936.

him, still as educators are becoming more fully aware of the interdependence of their specialties and of the connections between fields they are focusing on ways of emphasizing them and of synthesizing contents. As this is done one may hope for the gradual evolution of a systematic educational process and content.¹⁰

What would be the curriculum content of a person who wished to train for professional activity in the field of social case work as differentiated from the fields of social research, community organization or some other field? As noted heretofore the content would vary to considerable extent in different Schools. It would vary too in relation to the age and previous professional experience of the individual for within this field many untrained workers still are employed so that many of the students entering a school of social work bring a wide range of experience in terms of years, types of agency, and quality of service. The writer speaks only from her first hand knowledge of what is usual content in one School and with the impression that this content while specifically different is not markedly different in general nature from what would be given in certain other Schools. A student in this field would be a candidate for a Master's degree and the program required of the majority of students is six quarters (two academic years).

As for content, first there would be considerable work in the field of Individual Treatment (see p. 378) or in the two fields of Understanding the Individual and Basic Practices in Service to Individuals (see page 378). The case work contents would consist first of a basic course in principles and practices of social case work and second of one or more additional advanced case work courses oriented to particular settings as medical, psychiatric, child welfare, etc. The first course would be accompanied or soon followed by a basic course in "Psychiatry for Social Workers" and later there would be offered a course in "Behavior Disorders of Children," as well as a case work course which focuses on the applications of psychiatry in social case work which is not a course designed primarily for those "specializing" in psychiatric social work but is taken also by these students.¹¹ Throughout the case work courses regardless of the setting to which they are oriented as well as throughout the field work, the insights into human behavior derived from psychiatry would be incorporated as an integral part of case work knowledge, skill and process. At an early point Medical Information content would also be given in which the psychological import of illness and health measures is incorporated. The students' field work would be in case work and in general unless contra-in-

¹⁰ For discussion of the relationship between various fields and of the contribution of particular fields to the curriculum as a whole see Wright, Helen Russell, "Research and the Social Services," *The Social Service Review*, December 1941, see also, Towle, Charlotte, "Some Basic Principles of Social Research in Social Case Work," *The Social Service Review*, March, 1941, and "Professional Skill in Administration," *The News-Letter of the American Association of Psychiatric Social Workers*, May, 1940

¹¹ For description of this course see Towle, Charlotte, "Teaching Psychiatry in Social Case Work," *The Family*, 20 324, February, 1940

dictated by previous experience would consist of two quarters in the family field, followed by three or four quarters in one of the following fields, psychiatric, medical, child welfare or probation. A few students may continue in the family field but in general experience in two settings is required. Some students may take, following this basic field work in the family field, two quarters each in two other fields. Two quarters in child welfare field work and two quarters in psychiatric field work is a frequent combination today in preparation for the child welfare services. Other courses in other fields of study required would be, the general field of child welfare as covered in *The Child and the State* or *Child Welfare Problems*; *Public Assistance Organization*; *Public Welfare Administration*, *Social Insurance*; two of the following legal courses, *The Law and Social Work*, *the Courts and Social Work*, *The Family and the State*, *the Child and the State*; two courses in *Social Research*, *Social Statistics*, and *Methods of Social Investigation*; *History of Philanthropy and Social Welfare*, two courses, preferably, *English Philanthropy and American Philanthropy*, and *Methods of Community Organization* for the work of private social agencies. Electives may be chosen to give a well rounded program and may center in one field or cut across several fields. An additional requirement is a piece of research which is carried on semi-independently and its primary purpose is to give the student an understanding of research methods. Its content, however, may be selected to enlarge his orientation in a field in which he has specialized to some extent or it may supplement the content taken in other fields.

Relevant to the subject of this paper, one notes the psychiatric content offered every case work student as well as emphasis on the integration of psychiatry into case work contents, medical information and field work. This emphasis on a well rounded program including work in all fields, as well as on a psychiatric orientation for all case workers is based on the conviction that the case worker will thereby be enabled to make a more intelligent professional contribution in whatever work he undertakes. Certainly it is obvious that a basic understanding of human behavior is essential wherever he works and in whatever capacity. If a social case worker were to remain in a particular branch of the field throughout his career one would recommend this broad education. The mobility of the field, however, makes it even more essential. Within any one School a survey of the positions held by its graduates or ex-students during the past twenty years probably would show what the writer knows to be the case in three Schools—that its students have ranged over the whole field and that in individual instances, positions have been held which covered almost the gamut of case work settings as well as the gamut of social work function.¹² Certain individuals have gone from case worker to supervisor to administrator and may also have served as educators in schools of social work and/or as case work consultants within agencies. Some even have participated in programs

¹² For movement of psychiatric social workers, 1920-37, see French, Lois Meredith, *Psychiatric Social Work*. Commonwealth Fund, New York, 1940, p. 80.

involving community-wide and nation-wide social planning. Certainly they have had need for broad professional education and some of those whose preparation was not of this nature will testify to the fact that they have sorely missed adequate preparation. Some people in the field as well as some educators defend either the more meagre or the more specialized or more technical training, presumably but not wholly of the past, on the grounds that the students of these educational programs have been able to fill these varied positions to which the proponents of the broader education would reply—How well? or How much more effectively might we have functioned had we had a different preparation?

Finally, turning to the training of the child guidance worker, our first consideration is what makes a social worker who functions in the area of social case work in a psychiatric setting, a child guidance worker. The pioneer psychiatric social workers in the New York and Massachusetts State Hospitals for Mental Disease and in the Neurological department of the Massachusetts General Hospital as well as in other pioneer positions brought to their work training and experience in the field of social work.¹³ As early as 1908 there were expressions of need for more special training. Mrs. French's report quotes Dr. William Mahon of Manhattan State Hospital as follows: ". . . After-care should be more closely connected with hospitals . . . The field workers, whether physicians or laymen, should have had special training in social service and should know something about insanity." During this period prior to the first World War a few of the schools of social work had been giving psychiatric contents to all students but no special programs had been established for psychiatric social work. French's report states that there is no record of definite discussion of plans for training until the development of an apprenticeship program under the direction of Miss Mary C. Jarrett at the Boston Psychopathic Hospital in 1914. This apprenticeship course was the "first step toward an organized program for professional training for psychiatric social work. This course was the precursor of the Smith College Training School for Social Work established in 1918 under the leadership of Dr. Ernest Southard and Miss Mary C. Jarrett. In the early post war period other Schools strengthened their contents in social psychiatry for all students and some of them began to offer more or less specialized courses of study for this work. Significant, however, is the fact that among the early leaders there was general agreement that courses in psychiatry and mental hygiene were as essential for the equipment of all social workers as for those preparing for work in hospitals or clinics."¹⁴ The tendency developed very quickly, a trend probably induced or reinforced by the fact that

¹³ For comprehensive statement on Professional Education for Psychiatric Social Work see French, Lois Meredith, *Ibid.* pp. 242-89.

¹⁴ *Ibid.* pp. 248-49. Mrs. French refers to discussions of Dr. Bernard Glueck, Miss Mary C. Jarrett, Dr. E. S. Southard, Dr. Jessie Taft and cites in particular Miss Jarrett's paper, "The Psychiatric Thread Running Through all Case Work," given at National Conference of Social Work, Atlantic City, 1918, and published in *Mental Hygiene*, 3 210, April, 1919.

social workers with psychiatric training were in demand throughout the whole field of social case work and early left clinics and hospitals to work in social agencies, for the specialized contents within the Schools to be extended to all students so that gradually there was a breakdown in a high degree of specialization for psychiatric social work. From a detailed analysis of curriculum in 1938 of eight schools of social work which were among the first to offer training for psychiatric social work, Mrs. French reports, "This history indicates that there may be considerable variation in the present organization of the programs of study, variation does indeed exist, yet similarity in general aims and organization is also clearly evident. All reveal in academic content the emphasis on basic equipment for all fields of social work, with courses in social psychiatry offered to all. All reveal the acceptance of field experience and related seminars as the basis for specialized equipment, not only for psychiatric social work but for all fields. Also there is indication of an interest in advanced academic content, a development which, as basic work is being formulated, should receive special study."

And so today one finds that the child guidance worker receives what for the particular School attended constitutes education for the field of social work as a whole (and there are variations in breadth here) Within this framework he centers to some extent in the field of case work and as a psychiatric social worker has his advanced field work assignment in a child guidance clinic or sometimes in a psychiatric service dealing with both children and adults. He will have also an additional case work seminar on clinical cases and in some Schools a course on the Social Implications, or Clinical Significance of Mental Measurements. The other course contents outlined as essential by the American Association of Psychiatric Social Workers are those either required of all students or of all students within the field of social case work¹⁵

What orientation may the student get in these contents specific to psychiatric social work which would not be secured elsewhere? Some of the *particular* contents might be summarized briefly as follows:

(1) An orientation to the structure and function of the clinic. This will include its organization and way of working either as a separate clinic or as part of another institution as hospital, court, school, etc. It will include also the clinic's place within the community, that is, its relationship to other organizations and institutions and its responsibility to the community which it serves. The clinic's function in areas of diagnosis and treatment, he will doubtless become familiar with through activity in individual cases. If the clinic fulfills a broader social function in responsibility for leadership in the community through interpretation of social needs as revealed through research in case material, he

¹⁵ For comprehensive statement see "A Suggested Curriculum for Psychiatric Social Work," *The News-Letter* of the American Association of Psychiatric Social Workers, Vol. IV, No. 1, July, 1934. For description of one specialized case work course see Smalley, Ruth, "Class Teaching of Psychiatric Social Work," *The News-Letter* of the American Association of Psychiatric Social Workers, May, 1940.

will share this in some measure. It is hoped that he will be helped to see the preventive function and that he will not leave the training experience with a limited comprehension of the clinic as a resource only for remedial and palliative treatment of individuals but instead may come to know the clinic as an agency with a contribution to make to preventive treatment. He will become a part of its research and community leadership function in many ways, notably—first, in so far as he sees the purpose of the monthly statistical reports which he submits and of the recording system in relation to the research program, second, in so far as he is helped to look from the individual case to its social import, i.e., what does this case tell us of broad social ills, of community resources, of specific lacks in the school system, etc., third, in so far as he assumes responsibility for the clinic's relationship to the community and is helped to interpret its function with consideration for this factor, not only to patients but also to other agencies and to that whole stream of people, churchman, school official, physician, employer, and others, which may flow through a case load over a period of time. In this assumption of responsibility for the clinic's relationship to the community he may learn the feelings and attitudes of others toward psychiatry which in turn may make necessary some clarification of his own feelings about people who need this kind of help and about the limitations in our knowledge and skill in this field as well as about what we have to offer in the way of help.

(2) The range of case assignments probably will be from mild behavior problems through the more severe forms of emotional difficulty and may include mental illnesses. Parents of problem children will give him experience with troubled or disturbed adults as well as children and if the clinic includes service to adults he may carry cases of adults who are the patients. In contrast to the majority of cases in other settings the individual's inner conflict problems are in the foreground even though external social and economic factors may be producing or contributing to his difficulty. The patient, however, comes or is brought in because of problematic behavior and disturbed feelings or attitudes of concern to himself or someone else. Case discussions in staff conferences and with supervisor or psychiatrist individually will tend to focus on the underlying motivations in behavior and there will be continual careful analysis and intensive study of the individual's inner self and consideration of ways in which the person's feelings and ways of responding may be modified. Much of this occurs in other social agency settings but there the external difficulties tend to be in the foreground and services may center around them, even though there will be some of the same close consideration of the forces within the individual which may have produced or contributed to the social dilemma, or are influencing his response to it. In this situation the supervisor leads the student from absorption in the external factors to a consideration also of the individual within himself. In the clinic situation the supervisor may have to keep the student continuously reminded of the actual social problems so that his function as a social worker may not be submerged in that of the psychiatrist or so that he does not

discount the values of help in the external situation and so that he makes the most of assistance that may be rendered in this area. Perhaps we might say that in a clinic a student gets a more exhaustive psychiatric and psychological content and a more intensive focus on the treatment of the individual himself with perhaps fewer services involving help with external situations. This may not always be true however. Mrs French cites a study in which a careful analyses of 16 records drawn from student work in child guidance clinics, psychiatric centers, family welfare societies, and one child placing agency in which the findings confirmed the hypothesis—"that there is a generic content in all forms of case work." She states that "the differences found in the records were not differences of content but of emphasis, and came out in differences of agency function."¹⁶

(3) Probably the outstanding difference between the clinic and the social agencies lies in the fact that the social work student must learn not only to assume responsibility in relation to his agency in fulfilling its function, but must also assume responsibility toward other professional groups as they work together in the fulfillment of the clinic's function, each with a separate role to play. As a member of a clinical team consisting of psychiatrists, psychologists, social workers and sometimes also physicians, he must both assume and share case work responsibility. This is a complex task and if the student finds it very difficult he may retreat and not share, thus leaving the major responsibility to others; or he may respond with a marked need to establish his own professional identity thus again not sharing but in this instance usurping the responsibilities of others and infringing upon other professional fields. This whole experience of finding his professional place and working effectively within its limits makes clinical field work and clinical case work classes essential content for the person going into this type of social work. The clinical field work supervisor as well as the staff members of the other professions represented in a clinical team play a very important part in the development of the psychiatric social worker. It is important that the social work field supervisor be clear as to his own professional identity and that he bring a vital contribution from the social welfare standpoint to the work of the group for unless this is done the student will seek identification with those who do contribute. It is thus that many a psychiatric social worker has become a pseudo-psychiatrist and it is in relation to this problem that a thorough and broad orientation in his own professional field is so essential.

(4) In relation to the contribution which field work makes to the student in enabling him gradually to think and function objectively so that the client is assured of help rendered in accordance with his need rather than in terms of the worker's need, clinical field work *perhaps* has an intensified though not an unique problem. If the student is suddenly exposed to much material which

¹⁶ French, *op. cit.*, pp 278-79 Mrs French cites the "Report of the Committee on Professional Education," *The News-Letter* of the American Association of Psychiatric Social Workers, May, 1933

activates conflicts and rapidly stimulates anxiety engendering self-awareness, the whole struggle to deal with bias and to become objective may be heightened. If the student is ready for this experience and also if he receives educational help in accordance with his need this process may proceed smoothly and *perhaps* at a more rapid tempo than elsewhere. If, however, the student is not ready and/or is not helped then this process may become a more involved one and the student's development be delayed or seriously obstructed. In these instances either help elsewhere, outside the field setting or professional redirection, may be indicated. An adequate discussion of this problem is not within the scope of this paper beyond noting that it is recognized that emotions enter into the educative process and that field supervisors as well as classroom instructors have a responsibility for taking these factors into account in so far as the limits of the situation permit. Here again one finds the field work supervisor in the more strategic position and with a more direct responsibility for helping the student in his work. One sees also that in this area the student gets within the clinic basic preparation for work in a field which exerts great emotional demands.

These contributions of the clinic to the special preparation of the psychiatric social worker are notable ones but probably not inclusive of all that is specific in these course contents. Is further specialization indicated? This is a question which for some time now has been under consideration within the American Association of Psychiatric Social Workers and within the American Association of Schools of Social Work. There has been a general impression that there is a generic content in all forms of case work and that therefore, the *clinic* worker does not need a great deal of differentiated classroom content. One banks on the clinic field work experience and a discussion course on cases in a clinical setting as well as on subsequent clinical experience to provide the knowledge and skills specific to this field. Is this enough? On this question there are differences of opinion, both among social work educators and social workers in the field. Occasionally one has heard comments or even cries of complaint that clinic workers need a more adequate education. And the impression has been that if he had had more courses in social psychiatry he would be more effective. As specific instances have been looked into this writer's impression has been that the problem lay not in the matter of too little psychiatric content but instead of too much with too little integration of it into the social work content. Focus on educational method seemed indicated rather than an escape into a superstructure of additional psychiatric theory.

It is not entirely clear to school people or to workers in the field just what specialized contents beyond those now being given are indicated within the function of the clinical social worker. It is the writer's impression that if students were to assimilate fully and use to the utmost the contents now being given they would function effectively as *social workers* within a clinic. If the clinical social worker is to more nearly approximate the psychiatrist then different training may well be indicated. But until this is clarified between the two

professions so that the social worker would move into this area with the full acceptance of the medical group, it cannot be determined whether his specialized education should be given within the schools of social work or elsewhere. There is an opinion among educators that in professional education we must have specialization if there is to be an advancement of knowledge but some of the individuals holding this opinion would prefer to see the development first of a sound general foundation and to rely for the present on the student's subsequent clinical experience to provide that degree of specialization which may be essential for the advancement of knowledge. The two year period is all too short a time in which to provide this foundation with some slight measure of specialization. They would not risk the sound basic training essential to productive specialization but instead would look to this as a development of the future in the form of post graduate work. The American Association of Psychiatric Social Workers apparently has shared this opinion for the members of this organization have shown a consistent appreciation of the problem which the Schools have had in formulating basic education within the limits of the brief training period which reality pressures in the field have dictated. The officers of this professional association have not exerted short sighted pressure for highly specialized contents through establishing unrealistic membership requirements and yet have exerted helpful leadership in establishing certain minimum requirements. Within this Association there are at present two study committees working on analyses of the work actually done by psychiatric social workers in child guidance clinics and in mental hospitals.¹⁷ Perhaps such studies as these over a period of time will make clear whether or not additional specialized content is indicated and if so, what the nature of that content should be. It then can be determined whether it should be given through additional courses in schools of social work, through internships in selected clinics or hospitals or through the utilization of both of these resources. For the present it would seem that developments in the field, that is, the nature of the demands which the psychiatric clinic makes upon the social worker, as well as the stage of development of the professional Schools would not indicate that either the clinical field or the schools of social work are ready for a high degree of specialization.*

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¹⁷ See *The News-Letter* of the American Association of Psychiatric Social Workers, Winter, 1939 and Autumn, 1941. In the latter note "Trends in Treatment Practice, Report of the Child Guidance Committee," by Ruth Walton.

* The preparation of this material goes back to the year 1913.

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PART SIX

THE SOCIAL ASPECTS OF CHILD GUIDANCE

PARENTS AND CHILD GUIDANCE

By

JOHN EDWARD BENTLEY

PARENTS should recognize that the child, while born and housed by them, is a human individual who has a rather difficult job of living a harmonious happy life. The child must be trained by careful parental insight and direction so that he may achieve the necessary skills fundamental to human living, and the creation of approved social conduct. It is natural that parents should feel that they have a total responsibility for the physical and social development of their children. They feed and clothe the child. From the earliest day they exert every effort to help him. This human consideration is all to the good, but the child should be slowly released from parental power, finding his own way in life *interdependently*. Each year of the child's life should prepare him for progressive growth and development, leading to adolescence when he must apply himself to the social business of making his own living. Then when manhood, or womanhood, arrives he is ready to find his own way independently, assume proper responsibilities, and make a valid contribution to his age. To effect this ideal of unfolding responsibility and efficient living the initial obligation rests with every parent, father and mother alike.

THE PSYCHO-SOCIAL ASPECTS OF CHILD GUIDANCE

Coordination of school and home. The years of civilization have taught us that the home is not enough for the development of child life, yet the home is the fundamental institution of human society. The child must be schooled, and a coordination between the home and the school must be effected and guidance established by joint responsibility. To the school must be delegated those matters that belong peculiarly to the school, such as learning the content and processes of democratic citizenship. The home must function in a more personal way, training the child as an individual seeking worthy membership in human society.

The guidance of children in their social development is a delicate task. It is more delicate than the control and discipline of children. It demands great care, patience, skill, and essential parental training, coupled with good sound common sense. To guide a child requires a well-possessed body of knowledge

concerning child care, thoroughly appropriated and understood. Many parents are ill-fitted for their task. They fail by temperament, and ignorance, due to lack of training. This failure amounts to parental incompetence, and negligent parents unwittingly allow their children to slowly absorb neurotic and criminal tendencies through the growth of adverse behavior patterns. The importance of guiding children into effective conduct therefore calls for the training of parents in the knowledge of child nature and nurture. Rearing, educating, guiding children is a serious business. It necessitates the application of an adequate knowledge of childhood, wise and salient understanding of life and the needs of human society, and calls for regulations. Far too many children in our American society *just grow up* because their parents do not know what should be done to effect human social progress. Parents are negligent often because they are ignorant, and because they are ignorant they are negligent. Guidance-centers for the training of parents are needed, staffed by trained and capable men and women giving information and help. Clinics attached to public schools are necessary for helping parents with obstinate cases of behavior problems, quirks of conduct, unhealthy habits, and peculiarities. This need of guidance-centers and clinics amounts to a practical dispensing of child rearing, an expression of human knowledge that would not only help parents but reduce juvenile delinquencies and subsequent criminalities, promoting better social health everywhere. In a word it would seek to build a personality structure in the child that is fair to him and adequate for society, promoting social harmony and moral expansion.

Guidance is not old-time discipline Many parents regard the guidance of children to be synonymous with the disciplinary control of child behavior. While discipline is necessary it must not be regarded as the equivalent of guidance when it seeks to impose the will of the parent forcibly on the child. To control a child by this means may be but an outlet for adult impulses, the indulgence of whims, fads, customs that might be outworn. And the good behavior of a child living under such control can be a type of fear-behavior that in situations of everyday conduct, when he is "on his own", are of little avail. In any event guidance is more than parental control; it demands training the child to do for himself, to think for himself, to act on the determination of his own approved impulses and motives. It necessitates that the parent, like the good teacher, shall slowly withdraw into the social background allowing the child to develop the advantages of his own freedom under proper training and care. In this manner guidance is cooperative, democratic, creative, control is forceful, egoistic, pedantic. Guidance is modern, control by forceful means is passé. And, as if by paradox, the child of today, amidst our knowledge of progressive life, when properly guided is thereby controlled, without force, and without exasperating discipline. So, the effective parent, like the good teacher, is interested in helping the child to make adjustments to life that will fit him to meet his individual and social demands as a desirable member of society.

In this recognition the parent pursues an auxiliary function of the school, augmenting the child's training in his own knowledge of responsibilities, which throughout is a guidance procedure.

The child should know himself. Supplementing the school guidance program the child should be supplied with information about himself. Guidance is never a one-sided responsibility. The child should have a knowledge of his own capacities for school tasks, and his interests for everyday living. He should be helped to appraise those helpful habits of life that will slowly build into vocational possibilities. Hence the parent must discover and appreciate the child's advantages and limitations—his native capacities, his gifts and talents, his weaknesses and deficiencies. This recognition does not mean that the child should be told bluntly of his weaknesses and deficiencies, but it does mean that he should be informed of his individual possibilities of body and mind. Such knowledge prevents slackness of behavior, unnecessary failures, and serves as an incentive to buoy the child on in endeavoring to achieve and accomplish. Weaknesses and deficiencies need the patience and intelligence of the parent, girding the child to try, to respect, to follow suggestions that a wise parent would propose in his behalf. The discovery of the child's capabilities—his powers and skills, his gifts and talents, his average normal abilities, his weaknesses and shortcomings, is largely a problem of diagnosis or finding the characteristics of the child's attitudes, interests and achievements. When they are found it is then possible to point the child in the direction of progress, acquiring a well-balanced personality.

Guidance may be direct or indirect. Guidance may be given directly, or it may express itself by setting an example. The proper procedure should be determined by the level of intelligence that the child possesses. If the child is subnormal obviously guidance will be different in method and content from guidance given to the normal child. If the child is gifted, superior in capacities and abilities, the variety of lines of guidance will be yet different. Parents who would justify themselves in an intelligent guidance program, recognizing the known capacities of the child in terms of his physical, mental, and social development, cannot afford to overlook the basic classification of the child's physical and mental status. It is a key to the unlocking of social doors.

RESHAPING SOCIETY

Immediate and ultimate objectives in guidance. The immediate objectives of guiding children effectively are for the child's own good, but the ultimate objectives are concerned with the possible reshaping of human society. To further the progress of man and his civilization is the goal of all scientific and educational effort. To this task the school is, as it has ever been, definitely committed. But the school, important as it is, should not be required to assume the full burden of reshaping society. The schools serve as a bulwark of civil liberty. They extend sound information, lay the systematic foundation for train-

ing children to become efficient men and women needed by the nation in its civilian life, in its occupational and professional pursuits. The schools extend the programs of health and human welfare, they strive to spread the functions of democratic achievement, and they advance the nation's place in the world. They need the persistent influence of the home and kindred institutions to mold the life of growing children and reshape human life, hence the facilities of the home must be coordinated with the school. Together they must understand the child thoroughly in order to advance man and his institutions.

UNDERSTANDING THE CHILD

What should the parent know about the child? A broad knowledge of the child's physical, mental, moral, and social characteristics is essential in any guidance effort. The following is a general enumeration.

1. PHYSICAL CONDITION

Physical fitness is high on the list of priorities in child guidance because, as we have observed in recent months through the deficiencies of men rejected by the selective service boards for war service, the nation demands hale and hearty health of body and mind. Physical fitness begins in the elementary years of childhood, extending throughout life. The early years are significant for the development of physical power. At that time a foundation is laid for all the years of oncoming life. With the acquisition of the basic tools of knowledge—learning to read, to write, to reckon, the development of physical health stands as a human fundamental, hence the years of childhood, extending from infancy and on to adolescence, are the power-building years. Beyond them lies the task of maintaining power through the adequacies of continued health. To this extent the body of the child must furnish the necessary strength for combatting illness and disease, for creating physical endurance in meeting every task, and for acquiring the necessary physical skills. The schools must intensify their efforts to produce healthy, strong, vigorous children, aided by the home, both paying alert attention to nourishment, posture, and active physical development. We need to build a program that in the next generation will give a new tone to the physical welfare of our citizenship. Both school and home must emphasize the four essential habits of sound health which are proper *nourishment*, adequate *relaxation*, sufficient *sleep*, and *happiness* in the joy of physical well-being.

What should the parent know about the physical condition of the child? There are a few cardinal matters of information that belong to this question:

The parent should know the child's *height* and *weight* for his chronological years and then guide him accordingly. It is necessary to know if the child is over or under height or weight. The overgrown child should not be overworked because he is big in body and apparently healthy, nor should he be allowed to become lazy, shiftless, and careless. Proper exercise, relaxation,

nourishment, and sleep should be carefully promoted in his behalf. The undergrown child should be medically examined for the discovery and treatment of any existing ill.

The parent should know how well the child coordinates his *motor* and *muscular movements*. This information is necessary so that ordinary skills can be directed effectively. Human nature has provided a means for this coordination in the agencies of everyday play, but it should be guided in the interests of the child's growth and physical organization.

The parent should know if the child's *physical endurance* is well-sustained, if he is physically vigorous, courageous, or timid, assertive or shy, if his *vision* is good, and if he *hears* well. These suggestions will invite many other questions that the intelligent parent should ask, and any deficiencies discovered will call for proper medical treatment when necessary. These inquiries, and many like them, will give the parent a knowledge of the child's general health and set the pace for giving appropriate guidance in the interests of the child's physical well-being.

2 MENTAL ABILITY

What should the parent know about the mental condition of the child? Ordinarily the child's physical condition is better understood by the parent than his true mental behavior. The child's intellectual accomplishments are more nearly a matter for the schools. Parents soon fall into illusion and fancy about the mental strength of their children. They naturally believe their own child to be as good as any other in mind, and it takes the school to point out the fallacy. However, the parent should seek to know in more than a general way what is the child's *ability to learn*. Does he learn quickly and retain well, or is he just average, or poor? Such knowledge will guide the parent in attitudes of *encouragement* to the child. Coincident with this inquiry of *ability to learn* there are a number of supporting questions that, when answered intelligently, are of immense value in helping the child along the lines of effective learning. Some of these are: Is the child able to sustain his *attention* relatively well, or does he give evidence of difficulty? Does the child show an unusual *interest* in any of his studies, if so what is it? A knowledge of interests in school tasks, even in going to school, is important. When an interest is discovered the wise parent will seek to cultivate it by every available means that will stimulate the child's growth. It may be in reading to him, directing his reading, or by making relative suggestions. And it should not be forgotten that guidance is necessary not only for the average or below average child. The alert, quick, gifted child needs this parental consideration. We would propose, therefore, that all efficient parents seek a broad knowledge of the child's mental equipment. To round out a list of suggestions it is important to know if the child *comprehends* readily, or shows slowness in this skill; if he is *persistent* in meeting his difficulties of study; if he is generally studious or meets his school and related tasks with an unfavorable attitude. Equally important

questions but even more difficult to know actually, involve the parent's knowledge of the child's *intellectual curiosity*, his modesty concerning seemingly small or large accomplishments, his apparent insight into problems generally, his intellectual aggressiveness, his initiative, his judgment, and above all his *intellectual stability*. This last trait may be discovered in the child's easy, regular, rhythmic progress in school. If his progress is variable there is cause for what may be an erratic kind of accomplishment, and the matter should be investigated by competent inquiry. All of these habits of mind will call for great skill on the part of the parent in counselling the child, and he may not be equal to it. At the least he may have to resort to the help of teachers who obviously know more about the child's mental behavior, at best clinics within the school should present the greatest aid. The custom of parents visiting school teachers at the close of P.T.A. meetings, when all teachers are required to be in their classrooms for consultation, is a pedagogical extension that merits much praise and is productive of much good.

3 SOCIAL CHARACTERISTICS

What should the parent know about the social equipment of the child? Social characteristics may be grouped conveniently under four important divisions: (1) social adaptability, (2) emotional stability, (3) emotional adjustments, and (4) sense of responsibility. Social characters in man exist to build lasting and desirable practices in human relationships. Community centered education, cooperation between home and school, democratic practices with the home and the school all make their contribution in building a progressive society. They are built on individual social characteristics that should be promoted in the child's everyday behavior. At first sight these social characters may seem to be individual mental traits but since their operation always involve other individuals they are definitely social. Accordingly, it is necessary to know how *dependable, reliable, useful* the child is in responding to common tasks. How courteous, and unselfish are his habits of life. When these traits are grouped together they give an indication of the child's *social adaptability*.

It is not enough for social traits to be merely adaptable, they must be stable. Human stability is important and must be cultivated. It consists of at least four emotional factors, namely: *sympathy, cooperation, cheerfulness*, and *progressive attitudes*. To guide a child along stable lines of behavior and conduct the parent should know wherein the child shows sympathetic abilities. Without this social manifestation the child may become harsh, "hard-boiled", insincere. To avoid this negative behavior human sympathy must be trained in the child by making some contribution, however small, to some worthwhile task of service. The parent should discover how far the child can be depended on to cooperate with others. It may be discovered in children's play, and in the associations within the home. Children should be trained in the art of cooperation — to see the good in others, to refrain from unfriendliness,

prejudice, jealousy. By such training human life will advance nearer the ideal which expresses the measure of man's worth in his ability to think largely outside of himself. Hence the parent should know what the child's general attitudes are toward other people, both children and adults, and his attitudes toward his tasks, his work, and related obligations. This discovery will indicate the child's *emotional stability* in social behavior. It will offer ways and means for achieving *emotional adjustment* through capable training and guidance.

Emotional stability is largely dependent on the child's *sense of responsibility*. Cooperation finds anchorage in generosity, which is the ability to give one's self in deed and thought. Adjustment builds its structures on the foundation of habits of regularity and punctuality, on created happiness, and the healthy desire for personal improvement.

When these social factors are known in their pros and cons by the parent, and properly evaluated in the child's expressive personality there is a real basis on which to offer guidance in the avenues of social development.

4 MORAL BEHAVIOR

What should the parent know about the child's sense of moral obligation? Guidance in physical, mental, and social matters is incomplete without a recognition of necessary moral traits. Sometimes the moral characteristics of children are included in the category of the social. It matters little as long as they are recognized, for guidance without a moral goal would be sadly incomplete, it would be analogous to a railroad line without a terminal. The end of life consists of approved living. How far the parent will go in the appreciation of this moral fact is more or less an individual affair. Moral approval may range all the way from social necessities stirred by the varied interpretations of a misunderstood freedom, to strong and fervid religious idealism with its regulations and sanctions. In many respects the morality of our present world has broken down due to social confusions and insincerities. At the very least the wise parent should know how appreciative the child is of essential obedience, how conscientious he is in his tasks, wherein the attitudes of service, gratitude, truthfulness, and integrity operate in the child's behavior, how neat he is, for neatness is a moral trait as well as an aesthetic value. Moral qualities must be inculcated in the child's everyday experiences by training and example if the chaos of the present world order is to be reshaped. Then a greater respect for property, for institutions, for human life and progress will appear.

Educational enterprises. In a more general way, observations of the child's language, reading, arithmetical ability; the aesthetic appreciations that are noticeable in art, music, and drama; his behavior in play, sports, recreation; his devotion to his religious and semi-religious tasks, boy scouts and kindred organizations all swell the reservoir of information that every parent should have in order to be of best service in guiding the growing personalities and conduct of children.

SOCIALIZATION

Guidance is the effective instrument of socialization. What is the use of gleaning all this information about the child's everyday behavior? The answer is that such information will enable the wise parent to effect the adequate socialization of the child as a worthy member of the human community. It means that intelligent help is given the child in preparing him to meet life courageously and well in all its aspects—in work, health, leisure time, home membership, and above all in citizenship. Therefore, education as a social value must be shared by the school, the home, and the Church. There is today a closer relationship between the school and the home than in days gone by, and with this relationship there is increased social protection for childhood and growing life.

Guidance is education for democracy. Guidance in the hands of parents, like guidance in the schools by effective teachers, focuses on the need of adequate social living. It joins the hands of parent and teacher in making all education, formal and informal, an active apprenticeship for life. It brings children and parents into a coordinated fellowship for living. Thereupon children must be treated as junior members of the community sharing its socialization as well as attending to their learning tasks at school. Learning then is attached to life, and what is being learned really matters, for the only educational standards worth regarding are the standards of socialization or effective community living. Children are therefore required to behave intelligently in all the practical relations of their daily life. To this extent only is education succeeding when the home and school represent an apprenticeship for life in general, rather than seek to become a vocation in particular. Here the home, supported by the school, serves democracy by training pupils in the tasks of human betterment through the *laboratory* of the home and the community for the creation of intelligent citizenship.

Adjustment of personality. Parental guidance represents the slow and continuous adjustment of personality. It is a kind of popular prophylactic psychology which seeks to raise the level of the child's physical, mental, and social personality. It is a new discipline, emanating not from force but from training in the benefits of freedom. In early times the concept of discipline was the same as punishment. Good discipline meant making sure that the child was sternly corrected for every deviation from adult sanctions. Today discipline is regarded as a socializing process, an adjustment of personality, and punishment is one of the last negative methods that should be used. Discipline through child guidance means order kept and ably maintained. To this extent it gives training which is important for the child's total growth of body and mind. It insists on cooperation in social relations which tends to integrate the human personality. Development comes only from a recognized sense of human responsibility, and this is what discipline should seek to do. If the child is trained

to conform early, and then made responsible for his own behavior a method of positive discipline may be adopted. Such training should be adapted to the age of the child, the mental qualities that he possesses, and it should appeal to the highest motives normal for the child's stage of development. High motives and sound morale, which is a *condition* of being, always win. Children should be trained to take the task on their own shoulders in facing their world. By doing so they not only contribute to their own well-being but cooperate in rebuilding their contemporary civilization. Therefore, the highest type of discipline is a combination of intelligence and self-control constructed on the slow but sure sense of the child learning to depend upon himself that comes with good parental training. Discipline of this sort is a series of levels going upward from blind childish obedience to the counsel of his elders, and thence to the accomplishment of self-protection through his own inner experiences where inner compulsion controls.

OUR TASK IN WAR TIME

Guidance is especially important in times of urgency. William F. Russell, writing on "Post-War Education",¹ calls attention to the fact that after the war we are required to start anew in rebuilding our world. The folly of the past was heedlessness to necessary social growth. Our concern was largely for ourselves and it reached a point that must be regarded as an obsession. The moral atmosphere about us reeked with selfishness and self-concern which soon or late becomes fatal. The future will demand cooperation and greater efficiency. It will demand that children be cared for in every physical, mental, and social obligation in order to establish a better society. This demand is not merely a criticism of the past, for every age wants advancement and progress, nonetheless, we have often been negligent, and frequently unthoughtful and careless. The home, the community, the school, the church, in fact every social agency must stir itself to make human life more secure, more convincingly agile in both individual and social progress. New obligations will be laid on Federal Government agencies, community agencies, public schools, and the home must not falter. Freedom must be reinterpreted, and accomplished as a rightful benefaction to man. "Justice for all children is the high ideal of a democracy," writes Grace Abbott.² "We have hardly as yet made more than a beginning in the realization of that great objective." Adequate parental guidance is our best single instrument for achieving this democratic conquest.

¹ *Teachers' College Record*, Vol. 43, No. 7, April, 1942, pp. 521-531.

² Quoted by Gertrude Springer, "Child Welfare in the States," *Survey Midmonthly*, Vol. LXXVIII, No. 4, April, 1942, p. 103.

THE GROUP IN CHILD GUIDANCE

By

S. R. SLAVSON

THE increasing complexity of modern society makes it ever more difficult for the individual to fit himself into it and to find an appropriate place for himself. The comparative simplicity of rural living and the educational facilities supplied in the past largely through the church were adequate to help each individual to find his place in the world. This is no longer the case in a complex industrial, economic and social setting of today. The strains and stresses in adaptation are very great and frequently prove too difficult for many. The impact of numerous pressures and tensions, the many distractions and the variety of possibilities in our diverse world require a special educational and guidance program.

In a simpler environment guidance and education are more or less a part and an extension of living. The experiences and relations of every day life serve the individual in his choice for a profession or occupation and help him establish the relationships necessary for satisfying living. The total cultural setting, the biosphere, serves the ends of guidance. This can be described as *guidance through living*. But when the many influences of a complex culture begin to have negative and undesirable effects on the growth of personality, other means become imperative. Thus *guidance through counselling* has become an indispensable function of our educational structure.

It is recognized, however, that the most effective educational influences are those that are derived from actual experience with people and situations. This *guidance through experience* is now making its first appearance and is largely an outcome of the so-called progressive education movement and clinical discoveries. It is based upon the idea that the child must be helped to discover his powers, his creative capacities, and to test himself to the realities of living. The most important and the most difficult of all experiences in the orderly development of personality is group association. It is evident that the development of human personality is conditioned solely on these relationships. The ability to establish relationships begins with the family group and goes on to other types of associations that imperceptibly but unalterably determine charac-

ter. We have elsewhere described these groups, which appear in the following table:

Table I *Major Contributions of Successive Groups to Personality Development*¹

Order	Group	Major Contribution
1	family	acceptance, unconditioned love
2	nursery or play	social experimentation (socialization)
3	school	creative-dynamic expression
4	one sex	identification (socialization) sexual reassurance
5	heterosexual	heterosexual adjustment
6	occupational	social adequacy, economic security
7	adult voluntary	social acceptance (socialization)
8	family	mating, parenthood, self-perpetuation

The capacity for association with groupings above outlined must be recognized as a prime necessity for a fruitful life in present-day society. The interdependence of people and the proximity in which they are forced to live, their dependence upon each other for physical survival and psychologic status is too great to overlook this paramount fact. One, unable to work with others easily, is fated to failure and personal tragedy. One who isolates himself too much either in work or in leisure manifests serious personality disturbances. Biologists have shown that this need for association is not peculiar to man alone, but is rather an essential device for biological survival. Cloisters, colonies, schools, flocks, herds and groups are universal in nature. Man's physical survival, and particularly his psychological growth and expansion, require group association. As he participates in groups, he also changes his attitudes and feelings and is modified in dealing with his own ego-centric impulses. His capacities for identification, a major need for living and dealing with people, are sharpened. Ego strengths, status, recognition, self-expression and awareness of one's powers are gained through group associations.

The use of the group in guidance is obviously very important. Even with the best of teachers or mentors, no individual can achieve full fruition of his power and capacities if isolated. It is quite evident that "man is nothing without the work of man", and that which is human in us is given us by other humans. A child under the tutelage of adults who may be expert in their fields, but isolated from normal associations as he becomes ready for them at different stages of his development, grows into a limited and restricted person. He may possess much knowledge and great skills, but would turn out to be socially inadequate, unable to be with people and unaccepted by them, and therefore unhappy. It is association with persons that brings forth the potential powers and qualities in man.

¹ Slavson, S. R., *Differential Methods of Group Therapy in Relation to Age Levels*, *The Nervous Child*, April, 1945, p. 198.

Association with individuals alone, namely, person-to-person or bilateral relations are not adequate for developmental and guidance needs of the child. An individual must also learn to deal with *relations* among people. What we mean by it is that dealing with one person is comparatively simple; the adaptations required are in no way nearly as complex as dealing with a situation in which a number of persons are involved. This is largely due to the fact that in a group situation, one deals not only with individuals constituting the group, but also with their relationships to one another.

If we take a simple group complex, such as the child and his parents, this becomes rather clear. It is customary to speak of the child's relationship to his father and to his mother, but it is clear that this relationship is a triangular one, rather being a bilateral one with each. That is, the presence of the father complicates the relation between the child and the mother; the presence of the mother has the same effect as the relation between the father and the child, and similarly, the child's presence modifies greatly the relation between the husband and wife. Why does this complexity arise? It is because each one does not deal with each separate from the other. He deals with the relation that exists between them.

Guidance values are ever-present in these relationships. The groups in Table I show that in all of these, establishing relationships among persons is of paramount importance to us, as well as one of the greatest difficulties in our lives. Whether it is in the play group, street gang, school or job, one is not dealing with individuals alone, but with their inter-relationships and it is handling such inter-relationships to which guidance has to address itself. How is this accomplished? The ego-centric, narcissistic person, one with feelings of omnipotence, so characteristic of childhood, would evidently fail in this. What are necessary are flexibility and adaptiveness. One must perceive the nature of human relationships, identify with people and restrain one's own anarchic impulses. Even convictions may have to be subordinated to the advantage of the group in order that the situation may not be unduly disturbed. This involves a great degree of adaptability and de-egotization that come from emotional security, adequate self-valuation and the poise that accompanies strength.

Such powers originate in the earliest relations in the home with parents and siblings, and later from successful achievements in groups. The expansion of the self, so that it can integrate with the interests of groups and the larger community is one of the basic needs of personality. Hence, the guidance of individuals toward constructive living must of necessity include groups.

In a democratic society particularly is group life essential. While a democratic society imposes upon each individual certain responsibilities, these are in a true sense shared responsibilities. A democratic society assumes each citizen as being a mature person, capable of judgment, independent decision and discriminative thinking, at the same time having a capacity to participate with others in the social process. To be capable of reflective thought, self-determina-

tion and autonomy along with group participation, are states of being not too easily acquired. However, it is inherent in democracy to assume that these attitudes and capacities can co-exist. A democracy cannot sustain itself upon self-effacement and blind submission to authority. Participants in democratic living cannot be easy prey to every plausible demagogue. It is necessary that citizens be capable of discretion and autonomous thought in the interests of the group. Such integrated diversity is possible only where the basic impulses are altruistic where the advantage of the group is more important than personal advantage.

A wholesome society and mental health require that the child's attitudes be socialized. He must also be helped to understand his physical and human environments so that he may grasp their nature and acquire techniques for living. True education and guidance have to develop the individual's understanding and interests beyond the family and the primary groups, to the world scene. Thus the aim of group guidance is to reach beyond the face-to-face contacts in formal and informal relations where conflicts, hostilities, friendships and cooperation can occur and find expression. Such experiences are only preparatory for an understanding of the wider world.

It is quite evident that only group relations and group learning can form the foundations for such a development. It is through informal and direct relationships, for example, that the aggressive and hostile drives which are an integral part of every child's personality, are modified. Through that he learns how to control and inhibit them, because of the necessities imposed by the group. The child's needs to be accepted—his social hunger—is great enough for him to bring himself under control, and thus build ego strengths that hold in abeyance aggressive drives. On the foundation of such personality modifications and attitudes, as well as upon accumulated knowledge concerning life and society that accrue from group living, a friendly attitude toward the world as a whole is built. It is upon such friendly attitudes that a better world can be built, provided social and economic conditions favor it.

As a result of these understandings, the emphasis has shifted from program construction to the development of interests, initiative, talents and power in the individual. The trend is toward the small club, group and school classes as a training ground for wider social action. The individual member is viewed as a potential force for group function and for social improvement. No longer is it the major aim to protect children from their environment of the congested tenement and of the crowded street. Group education now seeks to advance and guide the development of the individual so that he can resist the evils of his environment and reconstruct that environment in the interest of human happiness. It is a force for social creativity and change; it aims to build new conditions in the world and dynamic attitudes in the individual.

The materials of group guidance are the emotional conflicts and harmonies of the members of the group; their identification each with the other, and the

inter-action of the ideas of all. The educative process is the process of living together through realistic and actual experiences, as in a good family, under the guidance of a sympathetic, approving and accepting adult. The combination of these forces operates to satisfy the personality needs of the members of the group and at the same time it modifies personalities from self-regarding to social-centered impulses.

The aims of good group education are: (1) to establish satisfying affective (love) relations with children and adults; (2) to provide ego satisfactions; (3) to give expression to the creative-dynamic drives of the individual; (4) to engender emotions and to establish attitudes that dispose the individual to social usefulness and group participation. These are at once the objectives and the criteria for judging good education and guidance.

Groups are divided into three general types: (1) the compulsory group, which includes the classroom, the Sunday school, the army and the like, (2) motivated groups, including military, orders, church, scouts, etc.; (3) voluntary groups, groups which grow up in response to some inner need. Voluntary groups may be (a) socially or culturally homogeneous; (b) activity homogeneous; (c) special interest or interest homogeneous; or (d) groups organized around the treatment of specific personality difficulties or therapy groups.

The greatest personality gains are to be realized in the voluntary group, which group best serves the ends of education. It makes a direct appeal to the basic nature of man; it arouses whole-hearted response and participation, it utilizes the individual's readiness for action and learning. It is recognized that groups which are socially and culturally homogeneous are the easiest of all groups to work with because of the emotional similarity that exists among the members, and because of neighborhood propinquity. Such groups are characterized by ready team work and achievement.

In order to utilize the group in education and guidance, it is necessary for teachers, group leaders, as well as group therapists, to be aware of some of the primary dynamics that exist in groups. Some of these will be outlined briefly herewith.²

It has been observed that young children make very little direct contact with one another. However, their behavior is greatly modified by the presence of other children. It was found that in nursery schools, each child, when engaged in an occupation by himself, modifies this as soon as other children enter the room. Their general conduct is altered; interest is stimulated or diminished; activity intensified or decreased, and anxiety is heightened. Such reactions we designate as *inter-stimulation*. As children grow older, we find that definite groupings occur. Children work in twos and threes, and in larger numbers. They exchange views, disagree with one another, supplement information, add suggestions, fight, struggle for supremacy, compete with one another.

² For a fuller discussion of these see Slayson, S. R., *Character Education in a Democracy*, New York Association Press, 1939, p. 75 et seq.

These dynamics we designate as *inter-action*. Inter-action and association are increased as children grow older. During nursery years, associative periods are very brief, and extend in length with older children.

The common observable group dynamics that can be utilized in child guidance is the phenomenon of *induction*. This term is borrowed from electrical dynamics in which one coil when placed in the field of another, becomes charged, although not in direct contact with the electrical source. This occurs also in human emotions. As is well known, emotions are infectious and such infectiousness is an important element in group education and group guidance.

But in addition to emotional infectiousness, inter-stimulation occurs. Because of it, emotions are intensified and can reach a very high peak as is the case with mobs. Induction and inter-stimulation move in the same direction as the originating source of action or emotion. Inter-action, on the other hand, tends to counteract the original influence and thus balance the behavior of a group. Inter-action acts, in a sense, as inhibitive control. This becomes clear when we consider the mob. In mob action, only the intensifiers of emotion operate such induction and inter-stimulation. In a deliberate group, inter-action takes place and the behavior is more controlled and is more suited to the demands of reality.

The cause for this balancing action is the phenomenon of *neutralization* that occurs in groups. The most common manifestations of neutralization is compromise as a result of which a common ground is found for agreement and through which there is a lessening of emotional pressure in the group.

Another phenomenon that is common in groups is that of mutual *identification*. We have already touched upon identification as an important element in the growth of the social personality and in mental health. *Assimilation* is still another tendency that helps the socializing process of the individual and that of group coherence. Assimilation is achieved by the lessening of the self-assertive and power drives of the individuals participating. Assimilation is a process most prized by the group for through it the individual becomes fused with it, and does not threaten it. The aim of the group is always to maintain its own integrity and identity, and this it often does at the cost of the submissiveness and self-effacement of the individual. In a sense, therefore, the group is seldom a creative entity. It rather stimulates individuals to creative effort.

All groups constellate themselves around individuals, either as persons or because they represent ideas and ideals. Such persons are sometimes called leaders, central persons (Redl), or effective persons. Whatever the name given them, they form the poles around which the other members of the group are constellated, very much the same as iron filings arrange themselves around the poles of a magnet. This phenomenon we designate as *group polarity*. Polarization in groups intensifies the emotions of each individual in it. Only polarized groups are really effective in social action. They are characteristic

of action groups, but also are found in educational groups of children of all ages

Among the negative dynamics in groups are *rivalry* and *projection*. The effect of rivalry among members of the group is too well-known to require elucidation here. It has also been established that the sources of jealousy are the relations to parents and siblings in the family. Each one of us struggles to be "the only one", as a result of which rivalry and competition with others emerges.

Projection, as understood in psychopathology, namely the tendency to ascribe to others attitudes and feelings that one has within himself, is also present in groups. Individual members project their feelings upon others in it, as well as upon the group as a whole, as a result of which they are unable to function. Groups also, when integrated into a unit with specific aim and having definite values, may project their feelings upon other groups. As a result, group conflicts occur. Thus in a group, some aspects of emotional conflicts can become neutralized while others intensified.

These processes are to be found in all group formation and group life. Since man is a group animal, and his personality is a product of his social environment, the dynamics of group life have a direct bearing upon character formation in the average person. The study of maladjusted people made it quite evident that somewhere along the line of their growth, group relationships have played havoc with their biological and psychological needs. Direct or indirect rejection, hostility, conflict, infantilization, repression, unrealized ideals, injuries to self esteem, excessive emotional or physical strain, are among the causes of maladaptation. Such persons require groups of a special nature that would have a corrective effect.

Special types of groups for children with personality difficulties and social maladjustments have, therefore, been involved to meet the needs of such clients in child guidance clinics, hospitals, and social service agencies. In recent years, considerable material has been published dealing with this type of treatment, known as Group Therapy. The following is taken from the July, 1944 Mental Hygiene issue³ which describes this work at the Jewish Board of Guardians in New York where it was first developed. Since the introduction of these groups at that agency in 1934, treatment groups have been established in other agencies both in this country and elsewhere.

Groups for Pre-school Children. Small groups of children under five years of age are provided with appropriate play materials, such as toys, animals, dolls, carts, trains, blocks, clay, water, paper, and crayons, to which they have free access. The children play singly or in small groups of two and three. Play here is almost entirely of a phantasy nature, and the young clients reveal many of their overt and hidden aggressions, resentments, hostilities, fears and con-

³ Slavson, S. R., Current Practices in Group Therapy, Mental Hygiene, July, 1944.

fusions Whenever an opportunity presents itself, the therapist helps the child to make the display of his inner emotions meaningful to him.

Expression of aggressive drives is conditioned and limited, since children so young cannot use freedom constructively or therapeutically. The children, however, are made aware that their behavior and their personalities are accepted and respected. Limitations are imposed for the benefit of all concerned. It is well known that a child can accept limitations if he is secure in the love of the adult and if the latter is not abrupt and arbitrary. The children eat together at the end of each session.

Activity-interview Groups for Young Children. Play groups for young children up to ten years of age are provided with simple arts-and-crafts materials and tools, family dolls, clay, paints, and paper. The children also eat together. As the children act out and talk out their problems and difficulties with parents and siblings, the therapist explores these with an individual child, with several of the group, or with the entire group. The maximum membership in such groups is five; usually the number is smaller. These groups provide the children with an opportunity to live out corrective sibling relationships in a free permissive environment, where they can verbalize repressed unconscious strivings and confusions, and are helped to gain an understanding of their own mechanisms.

The content of the interviews with these children is centered around siblings and parents, anal, urethral, and genital phantasies, and preoccupations. Birth is a frequent topic for discussion. Masturbation is another subject that comes up often. Thus the child gains release in activity through play and work, and also is relieved from guilt and fears concerning "prohibited" topics by which he is obsessed. The child is helped to gain insight into his mechanisms, attitudes, and values on the level of his comprehension and capacity to absorb and make inner adaptations.⁴

Activity Group Therapy. Eight boys or girls are grouped together in accordance with their suitability to one another. The first consideration is age. Children within an age range of between a year and a half to two years are placed together, except where social, organic, or emotional development indicates the advisability of diverging from this general rule. Extreme problems—either of a neurotic nature or in the nature of a behavior disorder, especially of an aggressive type—psychopathic personalities, and psychotics have been found unsuitable for this type of treatment.

Groups are supplied with simple arts-and-crafts materials and tools to which the members have free access and which they can use quite freely. No restrictions of any kind are imposed at the beginning of the treatment. The children

⁴ This work has been described by Betty Gabriel in "An Experiment in Group Treatment" (American Journal of Orthopsychiatry, Vol. 9, pp. 146-69, January, 1939) and by Leon Lucas in "Treatment of Young Children in a Group" (The News Letter of the American Association of Psychiatric Social Workers, Vol. 13, pp. 39-65, Winter, 1943-44).

also have free access to the total environment and can utilize the room, furnishings, and other appurtenances spontaneously and in whatever manner they wish. This is a permissive environment. Limitations, control, and denial arise naturally as members infringe upon the rights and convenience of others, and at later stages in treatment from the therapist as well.

All meetings end with a repast of simple food, sometimes cooked. Usually it consists of milk, fruit, and cake. At table also there is complete freedom as to manners and idiosyncratic behavior. Children can eat with the group or take their share and eat by themselves in a corner. They can gulp or chew the food or throw it at their fellow members if they so desire. They can grab the victuals, stuff them into their pockets, share with the others, or try to take more than their rightful share. By their own suggestion and choice, the members of the group arrange trips to museums, parks, zoological gardens, industrial establishments, theaters, the opera, and other places that may interest them.

The purpose of these groups is to give substitute satisfactions through the free acting out of impulses, gratifying experiences, group status, recognition of achievement, and unconditional love and acceptance from an adult, and to help the children overcome basic character malformations, such as emasculation in boys, confused identifications in girls, feelings of impotence, and fear of expressing aggressive and hostile impulses. In such an environment and group relationship, the infantile and overprotected child can become self-reliant and act more maturely, the exploited child becomes a more autonomous and self-activating entity, while the rejected child, with the broken-down ego and low degree of self-esteem, can be built up.

The attitude of the group therapist is a permissive one. The clients who come to these groups must be convinced that he is a kindly, unretaliating, friendly, yet positive individual. The group therapist is neither domineering nor pampering, nor does he exploit the child for his own emotional needs and gratifications. The group therapists are individuals who have no love cravings or emotional drives toward children that would tie them down and impede their growth. The children are set free to grow at their own pace through the pressure of the group and a new orientation toward environment and people.

This role of the worker is described as a neutral role. Neutrality must not be confounded with passivity. The worker is not always passive; though he strives to be so, he succeeds only to the degree to which his children will allow it. Some have an emotional need for him and come to him for help, consultation, and comfort on the slightest or no provocation. Other children, on the other hand, withdraw from and do not communicate with the worker in any way. The worker accepts the projections upon him by each child; this attitude we describe as neutrality. He is expected to remain outside the emotional flux of the group, so as to allow interpersonal and intra-group emotional and physical activity on the part of the children themselves. This is necessary because clients

are chosen for group treatment because they need to relate to other children rather than to an adult.

After some years of practice in this type of activity group therapy, it was discovered that not all children who needed group treatment could be placed in such unrestrained, free-acting-out groups. Some needed groups of lesser aggression density, such as young children and neurotics. Younger children cannot be permitted to act out all their aggressiveness and exuberance, because they first need to establish self-restraint. What may be described as the group superego is as yet unformed in them. Highly neurotic children also cannot endure acting out aggressive hostility without becoming disturbed and further traumatized. Young people in middle and later adolescence, as well, do not gain much from arts and crafts in free-activity groups. Because of this no one pattern of group therapy can be applied to all clients. It was found necessary to inaugurate other types of groups that would meet the varying needs of clients.

Transitional Groups. Still another type of group treatment is represented in "transitional" groups. These groups are formed for boys and girls whose treatment is at the point of termination or whose problems are so light that all they need is to overcome some hesitancy or shyness in social adjustment. Transitional groups usually meet in settlement houses or neighborhood centers at the same time that other activities are going on. At first, however, they are somewhat protected against this larger community and are exposed to it slowly until they are absorbed individually or as a group into the activities of the building. These groups are not supplied with any arts-and-crafts materials, nor are they given foods. The parental role played by the worker or the set-up is eliminated.

Group Interview Therapy With Adolescents. Another type of group found necessary in work with problem adolescent girls whose difficulties are such that they can be best reached through group discussion with resultant insights. In these groups, no materials or any kind are provided. The girls eat together only occasionally. The conversations here are of the same nature as in individual interviews, but the presence of others with similar problems gives each support and they are thus able to bring forward latent and repressed material. The group interviews yield clarification of and release from problems and develop friendships among the members which they sometimes continue outside of the group. The group-case worker here helps each member to break through anxieties, gain understanding of her problems, and develop attitudes toward parents, siblings, and the world generally.

Occasional questioning, direct and indirect discussion, and interpretation help each member of the group to find release from traumatic emotional disturbance. The therapist also helps to expand the world of reality not only emotionally and intellectually, but also through trips and visits suitable for adolescent girls.

The theater, museums, art exhibits, dances and parties with boys are among these.⁵

In order to effect treatment of young children, it was found that treatment of mothers becomes necessary. Treatment groups for mothers is gradually becoming an accepted part of the treatment of young children in child guidance clinics.

⁵ See Slavson, *An Introduction to Group Therapy*, New York, Commonwealth Fund, 1943, pp 321-326. See also "Group Treatment of Six Adolescent Girls," by Betty Gabriel *The News Letter of the American Association of Psychiatric Social Workers*, Vol. 13, pp 65-72, Winter, 1943-44

HOME AND FAMILY AS GUIDANCE UNIT

By

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To any one who has had experience with newborn babies it is evident that, even at this tender age, they are emotional beings, capable of experiencing pleasure and displeasure. The newborn baby enjoys being held snugly, being patted, rocked. He enjoys warmth and a full stomach and, above all else, sucking. Indeed the newborn's pleasure in sucking is so great that this has been used for many years as the sole "anesthetic" in performing the rite of circumcision. It is of interest that mothers have been aware of the methods to soothe babies since time immemorial; but science has only recently given them recognition and sanction.

The newborn shows displeasure when held loosely, when his position is abruptly changed, when he hears loud sounds, when he is cold and hungry. He expresses displeasure by crying, by general tightening of the muscles and by waving his arms and sucking on his fists. This last movement is usually attributed to hunger and this is sometimes the case. More often, however, it is a general response to displeasure and may be due to any thing unpleasant. The fact that the baby is soothed when given more food does not prove that he was underfed. The joy of sucking will compensate for almost any source of discomfort in a young infant.

It is becoming increasingly evident that the soothing measures just described are not merely pleasure-giving but are necessary for the baby's proper emotional development; hence the use of the expression "emotional needs". A baby *needs* to suck, he *needs* to be rocked and patted, he *needs* the security which he gets from being held snugly. If his emotional needs are not satisfied, he may resort to frequent crying, sucking habits, or there may actually be a failure to grow. This last effect is seen in babies who are confined for prolonged periods of time in hospitals or other institutions where the nurses, for various reasons, are unable to gratify babies emotionally as is necessary.

Infants are extremely difficult to care for in hospitals and, if they remain there for any length of time, they develop a fairly well-defined train of symp-

toms which have been called "hospitalismus" or "hospitalitis". The infants are pale, apathetic, and look unhappy. They sleep less than at home and rarely smile or babble spontaneously. They lack interest in food. The stools tend to be frequent. A striking feature is the failure to gain weight normally despite the feeding of diets which are adequate for proper growth in the home. Infections, which last but a day or two at home, often persist for weeks or months. When the babies are sent home there is a fall of the temperature to normal within a few days and a rapid and striking weight gain. If they remain in the hospital or institution long enough, a large proportion succumb to disease and die, even though they were healthy when they entered.

For a great many years pediatricians have suspected that the failure of infants to thrive in hospitals is dependent on emotional deprivation. It is a matter of simple observation that babies, even as young as 2 or 3 months, will smile and gurgle in response to the attentions of an attendant. In most infants who are in a hospital, even for a short time, it is possible to elicit these responses only after repeated attempts have been made; and this is especially apt to be the case in the modern, well-run hospital where babies are handled as little as possible in order to minimize the danger of cross-infection. Dr. Fritz Talbot of Boston tells of an experience at the University Hospital in Dusseldorf where Professor Schlossmann was in the habit of turning over babies, who failed to thrive and for whom the usual medical procedures were ineffective, to Anna, a maid attached to the ward. Anna mothered these babies and was generally successful where the doctors had not been.

Durfee and Wolf have approached the problem of the infant in the hospital with the use of the developmental quotient (D.Q.) of Buehler. They compared the D.Q.'s of infants in various institutions and correlated their findings with the amount of maternal care which the infants received. They found that, judging by the D.Q., the groups of infants who had the advantage of maternal care were superior to those who did not, despite the fact that several of the institutions which restricted maternal attention were better equipped and staffed than the others.

Of interest in this connection is the follow-up study of Lowrey on the emotional development of children who had spent the early months of their lives in an institution. The institution in question is one of the best-run in the country. Nevertheless the personality distortion evidenced by these children was striking, resembling that seen in rejected children but being more marked. According to Lowrey the children showed symptoms of inadequate personality development, characterized chiefly by an inability to give or receive affection and by noticeable insecurity. Among the behavior traits which occurred frequently were hostile aggressiveness, temper tantrums, enuresis, speech defects

Durfee, H. and Wolf, K.: *Anstaltspflege und Entwicklung im ersten Lebensjahr*, Ztsch. f. Kinderforsch., 42: 273, 1933.

Lowrey, L. G.: *Personality Distortion and Early Institutional Care*. *Am. J. Orthopsychiat.* 9: 576 (July) 1939.

(sometimes amounting to near-mutism), attention demanding behavior, shyness and sensitiveness, eating difficulties including refusal of food, fussiness and voracity, stubbornness and negativism, selfishness, fingersucking and excessive crying. He attributes the low level of speech development to the lack of social stimulation and to the "isolation factor" in the lives of these children.

Experiences with babies in hospitals and institutions indicates the crucial need for intimate maternal care at this early age. That infants should suffer when deprived of the warmth and security obtained from contact with the mother or a substitute is reasonable from an analogy with behavior in the animal world where so much of our knowledge about other aspects of human psychology has been gleaned. Throughout the mammalian world, and in many lower forms as well, mother and offspring remain in close contact with one another during early post-natal life, the offspring snuggling and cuddling against the mother. Mother and babe constitute a biologic unit and, if it becomes necessary to remove the infant from his mother, a mother substitute must be supplied. Furthermore it is to be expected that the younger the infant the greater the need for this association, since he is entirely dependent on those about him for the gratification of his psychologic needs as he is for his physical needs.

The modern hospital is especially injurious to the baby since recently introduced devices for protecting the baby against cross-infections, an exceedingly troublesome aspect of hospital care at this early age, are designed to intensify isolation, thereby further enhancing the emotional deprivation.

Even from a physical standpoint infants are difficult to care for in hospitals or other institutions. They are unable to indicate satisfactorily when they are hungry and when they have had too much and it is hardly possible for the nurses to understand the idiosyncracies of the individual infant on short acquaintance. Furthermore the method of prescribing food lacks the flexibility which is possible in the home. Rigid orders for feeding are given and there is no mechanism whereby the infant can have more of his formula at one feeding when he is hungry and less at another when he is satisfied. Food which is refused at one feeding cannot be made up at another.

Within recent years the rapidly growing practice of having babies born in hospitals has been criticized by some pediatricians because of the relegation of the newborn to a nursery far away from the mother. Aside from the adverse effect which this may have on the infant, it is quite possible that the absence of the baby from the mother's side for a good part of the time is an important factor in the failure of many mothers to nurse their babies.

The results of trying to rear babies in hospitals and other institutions have been described in some detail, not because this is common practice—indeed the founding home has been by and large abandoned in America for the less lethal and much more suitable foster-home—but because it illustrates so well the need for individual care in bringing up babies.

A knowledge of the primary emotional responses is highly useful to those who are responsible for the care of the young. Until 30 or 40 years ago when families were larger, young women, by the time they came to have children of their own, had had some experience in caring for their younger siblings or those of their friends. Nowadays many mothers have never had any previous experience in attending to small children and they must therefore be instructed. Furthermore there is a widespread impression among young mothers that improvement in physical care has been accompanied by a correspondingly better understanding of the principles underlying psychologic care and natural attitudes towards the baby are consequently rejected. This uncertainty on the part of the mother fosters anxiety and sooner or later the infant comes to sense the maternal uncertainty and fear and is adversely affected thereby.

Infants enjoy being held snugly and firmly. Holding them loosely does not give them the support which they seem to need. Some psychologists believe that skin-to-skin contact, such as the baby experiences during breast feeding, is also pleasurable to the baby. A reasonable amount of sound is probably beneficial and stimulating but the baby's room should be free from loud, sudden noises, such as a telephone. The room should not be near an elevator shaft or a kitchen where the clatter of dishes may be disturbing.

The crib should face the center of the room, the head should be elevated and the lattice work on the sides of the crib should be free so that the baby may see moving objects during his waking moments.

Though rocking is one of the most effective methods of soothing the infant the cradle has disappeared from the American nursery. Baby carriages, however, are equipped with springs and mothers still rock babies in their arms.

The discard of the cradle has been discussed by Zahorsky. At the outset he concedes that rocking is unnecessary but he considers this irrelevant since many of the diversions of childhood (and adulthood) which are very pleasant are unnecessary. Playing with the baby and amusing him are unnecessary and so are toys. Babies learn to adjust themselves to neglect if it is not too severe. There is no reason to believe that rocking will become a habit any more than sucking on the breast or the bottle, nor does Zahorsky believe that rocking leads to spoiling. As benefits of rocking he suggests, in addition to its pleasurable effect, a soporific effect and a favorable influence on intestinal digestion and probably absorption as a result of the movement of the baby. If it is true that stimuli which elicit pleasurable responses are desirable within limits, then it seems reasonable that the cradle or a substitute is a proper adjunct to the nursery.

There is general agreement among pediatricians that breast feeding is psychologically preferable to artificial feeding in that it leads to a more affectionate relationship between mother and child. It has been observed that rejection is less common among mothers who nurse their infants than in those who resort to artificial feeding.

As the baby grows older his emotional interests broaden and at three or four months we find him responding to the facial expressions of those about him. At first he will smile in response to a smile and shortly afterwards he will cry when he is frowned at. Somewhat later he differentiates between familiar and unfamiliar individuals and he will tolerate a considerable amount of tossing about by his father or other persons to whom he has become accustomed. Loud noises, abrupt changes in positions no longer frighten him if they are anticipated. The infant is becoming conscious of his environment and discriminating.

THE EMERGENCE OF SELF-DEPENDENCE

During the early months of life the infant is completely dependent on those about him for food, warmth, support, etc. As he approaches the end of his first year he enters a very important phase in his development. He begins to take a certain responsibility for himself. He pulls himself up in his crib and looks about, he begins to interest himself in his surroundings and tries to support his bottle or cup. Shortly thereafter he begins to assist at dressing and undressing. He indicates that he is aware that his bladder or bowel is distended and ready to be emptied. As he learns to walk he continues his explorations and searchings, studies the objects about him, experiments with them.

The dependent baby is becoming a self-dependent child. At this stage there is a further broadening of the emotional interests. New needs arise and former ones become less important. The primitive needs for sucking, for warmth, for firm support, for rocking, although still pleasurable, dwindle in intensity as new needs appear for wider, better coordinated motor activity, for personal responsibility, for self-expression and gratification of curiosity.

The emergence of self-dependence indicates that the child is ready for a number of training procedures. Hitherto the baby, except for the establishment of a feeding rhythm, has been left largely to do as he pleases, to sleep when he likes, to empty his bowels and bladder when he likes, etc. But the efforts of the baby to stand and to walk, to hold his own bottle or cup, to assist at dressing and undressing and his awareness of a full bowel or bladder as indicated by restlessness, whimpering, pulling at the diaper, are signs of a readiness to take over responsibility for these activities and these signs should be heeded.

The age at which infants reach this stage varies widely just as other developmental attributes vary. Chronologic age is only a rough index of the proper time for training and reliance must be placed on observation of the individual child. This is of the utmost importance since the secret of easy training is proper timing. The child should be trained when he is ready to be trained, not earlier and not later. For if training is attempted too early the child is unable to perform as desired and the parents are disappointed and often censorious. Even young children are aware of parental disapproval and there results a tenseness and strain about the training situation which makes further efforts more difficult. On the other hand if one waits too long infantile modes of behavior be-

come habitual and training must then be directed not only toward establishing new patterns but toward the breaking down of undesirable habits as well. Furthermore as young children pass the optimal training age they acquire new interests and activities and are unwilling to spend the necessary time and effort on procedures which should have become routine.

The attitudes of the parents are of the greatest importance during the period of emerging self-dependence as they are during all of childhood. It is natural that the initial efforts of the child will be only partially successful whether the activity in question be walking, eating with a spoon or regulation of the toilet activities. Provided the child is developmentally ready, success depends on practice and to facilitate this the child needs affection, encouragement, praise, understanding, guidance.

There are certain, readily avoidable attitudes which interfere with the child's progress. The parents should not criticize too much the child's awkward attempts to do things for himself nor should they be overcorrective and insist on a perfection of performance which he is unable to attain. On the other hand assisting him too much in doing the things which he is able to do, i.e., overprotecting him, is also undesirable.

AGGRESSIVENESS

Hand in hand with the growth of self-dependence comes aggressiveness, which is an expression of the child's determination to carry out his own plans of action. If not excessive it is a desirable form of behavior.

Overly aggressive behavior is most frequently seen where the parents are overindulgent, overprotective or overauthoritative. It is also apt to occur where there is parental incompatibility especially where the son, siding with the mother, is antagonistic toward the father. The overaggressive child tries to dominate every situation and may resort to screaming, fighting and temper tantrums to gain his objective.

Children should have a reasonable amount of freedom but certain prohibitions are necessary and they must be helped to accept these. Giving in to them while they are misbehaving is a poor method of discipline as it only encourages them to repeat the performance. It is better to disregard the outbursts and show them the advantages of more acceptable behavior by bestowing attention and affection during good behavior, and at the same time, correcting the unfavorable environment at home.

NEGATIVISM

Negativism is an expression of the child's refusal to accept a plan of action proposed by others. Like aggressiveness it is a normal response during the pre-school years. Excessive negativism is apt to be present when the parents are overauthoritative, overcritical or overcorrective. If there is too much direction and interference with the child's plans, he reacts with contrariness and a refusal to do as directed. This is at first voiced by the child as "no" or "I won't" and

in some instances every request that is made is refused. Later on the child does not bother to refuse but assumes a blasé and unapproachable attitude.

Dawdling is a form of negativistic behavior. It is found where the child fears to disobey openly and lingers over the unpleasant task. Dawdlers are slow at eating, washing, dressing, etc., but they can be normally quick when doing something pleasant.

Excessive negativism should be treated by avoiding opportunities for the child to refuse. When possible he should be placed in a group and not receive any individual instruction or requests. Nagging and coaxing should be eliminated. The attitude of the parent should be investigated and corrected if possible. Usually negativism disappears before school age and, unless excessive, needs little handling.

ANGER

Anger occurs in the child who feels himself unduly thwarted and interfered with. The reaction in the child is similar to that in the infant and is manifested in many instances by screaming, stiffening of the body and pounding and kicking with the arms and legs. It is most common during the second year of life when the child is acquiring the technics of self-dependence and before he has reached the stage of intelligent control. Children living in a home with many adults show anger more often than children living alone with their parents. It is also seen where there is much bickering between the parents. The common factor in both situations is the inconsistency of disciplinary methods. This confuses the child and upsets him. Children who have been accustomed to having their own way during an illness are apt to exhibit rage when they have recovered and are again subjected to parental attempts at control. In some instances the outbursts are modelled after a parent with uncontrolled temper.

Temper tantrums are much more frequent in children who find that an outburst of anger results in their getting their own way than in children who find such behavior futile. The first step in handling such a situation, therefore, is to ignore it. Outbursts of rage should be ignored and soon the child will learn that he gains nothing by this behavior. Parents should continue to be good tempered, understanding and consistent. They can avoid criticism and nagging by a little foresight and by giving attention and approval when deserved. The child must be taught to have a reasonable respect for the rights and opinions of others and his own rights must be respected. Where there are several adults in the household an understanding should exist between them as to what is to be expected of the child.

FEAR

Fear is one of the primary emotional responses. As a reaction which leads to an appreciation of danger it assists the individual to protect himself. The purpose of proper training is not to eradicate fear but rather to so guide the child

that fear may be a protection against danger and a deterrent against improper behavior. The child should fear danger, punishment, loss of approval of those he loves and loss of approval of his own conscience. Fear should serve as a brake on unreasonable impulses and as an aid in conforming to social demands.

Aside from the influence of training, parental example and experience, there are wide, individual differences in the responses of children to the unfolding world and these become apparent at an early age. Some children react to each new situation with courage and daring, whereas others respond with fear. Such differences are dependent on the innate endowment of the child and are to be expected, since all traits are subject to variability. They must be respected in the training of the individual child.

During infancy fear is elicited by concrete stimuli such as noises, strange objects, and loss of balance. The young child probably fears any novel or unexpected stimulus with which he is unable to cope and for which he has no adequate response. He is afraid of strangers, of loud noises, of animals. Fear, with no means of escape, may arouse anger. Between 2 and 5 years there is a sharp decline in the frequency of fear responses to concrete stimuli and an increase in fears of imagined, anticipated and supernatural dangers such as fear of the dark, of thunderstorms, of being lost, of dying.

During the school period the fear of being different is prevalent. The child feels he must dress, speak and behave like the group or he will not be accepted. The fear of unpopularity continues into adolescence. Many fears, especially as personal as these, are concealed, the child keeping them hidden because he is ashamed of them or fears he will be teased by his contemporaries.

Parents can do much to help their children overcome their fears. The example of adult courage is of great help. In some instances the child can be conditioned in such a way that his unpleasant associations with certain stimuli will become pleasant. An explanation of the fear producing situation on the level of the child's understanding will in many instances cause the fear to disappear. An encouraging word, an understanding attitude and reassurance will do much to help the child to overcome his fear and give him a sense of security and worthiness. Teasing, shaming or compelling the child to ignore his fear only increases his distress as he attempts to contain his fears without overt expression but after a certain point the fear reaction will recur, often in exaggerated form.

THE PARENTAL ATTITUDES

Of prime importance for the proper personality development of the child is the feeling that he is loved and understood by his parents and it is only in such an atmosphere that a real sense of security can develop. In most instances affection is properly tempered but distortions may occur in the direction of too much or too little affection and these will have their influence on the child. The distortions may be the result of accidental circumstances or they may be

primarily attributable to deep-seated personality defects in the parents.

Overaffection is not infrequent. It is apt to occur whenever the desire to have a child is increased. Thus parents who have waited a long time before having a child or who are middle-aged at the time of the birth are likely to be overaffectionate. The adopted child and the only child are commonly subjected to this attitude and the same is true when a child has recovered from a prolonged illness or where there has been the death of a sibling. Some mothers who are unhappily married center all their affection on one of their children.

In those instances where the personality of the mother is the prime factor in determining her overaffectionate attitude it has been observed that there is frequently a childhood history of little affection but much responsibility. Such women often marry to free themselves from an unhappy environment rather than out of affection for their husbands and consequently marriage is likely to be unsuccessful.

Overaffection is frequently accompanied by overanxiety and by overindulgent, overprotective and oversolicitous behavior. The effect of the overaffectionate attitude on the child will depend on the degree to which each of these associated attitudes is present.

Parents are sometimes reluctant to allow their children to develop self-dependence. This overprotecting attitude is most commonly seen in overaffectionate parents although it occurs at times where there is parental rejection. The parent prevents the development of independent behavior by prolonging infantile care. The child is fed and dressed for an unusually long time. He is not permitted free play with other children but is kept constantly with the parent. He receives help in his lessons and protection from his schoolmates. This excessive control of the child's safety and refusal to permit separation from the parent is often combined with indulgence of the child as far as toys and entertainment are concerned. In both instances the child is irresponsible, dependent, immature, but these inconsistencies in the parental attitude determine the type of immaturity that the child exhibits. Where there is indulgence associated with the overprotection there is apt to be aggressive behavior while dominating overprotection results more often in submissive behavior.

At school age many of these children are shy and retiring, unable to mingle with their playmates and ill-fitted to conform to the activities of the group. They frequently complain about the unfairness and partiality of their teachers.

When parental overprotection continues through childhood, the result is the homesick, indecisive adolescent, the emotionally unweaned adult, the husband or wife who looks to the mate for protection. Socially and in business contacts the individual still needs special consideration and often cannot hold a job. He feels he is unjustly differentiated against rather than realizing that he is unable to conform.

Some parents idolize their child and indulge him in every way. The child reacts by expecting every whim to be gratified, by insisting upon being the

center of the stage, by demanding support in his social contacts and by poor emotional control. Outbursts of anger, temper tantrums and screaming are common and, later on, negativistic behavior.

In some instances the behavior of the overindulged child becomes so disagreeable that the parents become annoyed. They attempt to train and discipline the child, who, unaccustomed to this plan of approach refuses to comply. A change in the parental attitude may occur, developing either resentment toward the child with resulting dislike, or a feeling of futility and helplessness with the need of help from relatives, teachers or the physician. When such a change in attitude occurs the child at first rebels furiously and then he too develops a feeling of helplessness. He is confused by this change in attitude and inconsistency in treatment. Insecurity frequently results.

In those instances in which the parents are over-anxious concerning the health of the child or fearful that some accident may happen to him, the child responds by timidity, fearfulness and shyness. Minor illnesses are exaggerated by the parents. The child is not allowed to go about unaccompanied because of the dangers from traffic, strange people, etc. Companionship with other children is discouraged because of the possibility of contagious disease. The child remains dependent and without initiative as he never has the opportunity to meet a new situation without direction from his parent.

Except in exaggerated form this situation is not difficult to remedy. Usually the parents will allow more freedom when they understand the harm their constant supervision is doing the child.

Far more destructive to the personality of the child is the home where there is no love for the child. This most often occurs where the birth of the child was unwelcome, because of premarital pregnancy, unhappy marital relationships where pregnancy precludes separation, death of the mother where the child may be blamed, or in some instances difficult financial situation. Where there is no attempt to hide the hostility toward the child, where nagging, shaming and criticism are continual the child is apt to be shy, fearful and unhappy. Often he resorts to vengeful acts in a poor attempt to get even with his parents. Vomiting, dawdling over food and soiling are common. Later negativism occurs. As the child becomes older, aggressive and antisocial behavior are prominent unless the child is too frightened of his parents in which instance sulky submission is more evident. The rejected child makes up a large proportion of delinquents. He has to fight for any consideration at home and he expects to fight society for what he wants. Pilfering and stealing are common at school age. During adolescence it is not uncommon for the child to leave home and join a gang, usually to the detriment of the child and of society.

In instances where the indifference toward the child is concealed or where the parent is unconscious that he is rejecting there is usually an inconsistency in the treatment of the child. He is likely to be given all he desires materially, but no affection, often there is overprotection and at the same time much dis-

approval and nagging. Insecurity is common in these children, who react as well to either indifference or overprotection whichever is the stronger and more obvious.

The most desirable attitude is that of love, understanding and trust between parent and child. Teagarden calls this "balanced love". Both parent and child are willing and able to see the other's point of view. In addition there is understanding, respect and trust. Parents can see both good and bad in children and their plan of upbringing is toward the proper growth and maturity of the child. Even under these ideal conditions, parents are occasionally startled by the realization that their children are sometimes unpleasant and annoying and that they do not always love them. This rejection in the midst of love and acceptance of the child is not abnormal and when of infrequent occurrence is without significance. The child is fully aware of this attitude in his relation to his parents. If he is punished or scolded he shouts "I hate you" with great vehemence but in a short time hate has gone and the intensity of his love for his parent is unchanged. One should not be shocked by these ambivalent feelings. All pleasure-giving situations are tinged with difficulties.

THE PRESCHOOL CHILD

During the period between infancy and school age the child perfects the technics of self-dependence, such as washing, dressing, regulation of bowel and bladder functions. Habits are learned, a routine is established and unacceptable behavior is brought under control. At this time the child shows a great willingness and eagerness to learn. He wants to know not only "what" and "who" but also "how" and "why". Questions should be answered in the spirit in which they are asked. A small amount of information is all that is desired. The parents should not interpret the questions in adult terms nor go into detailed accounts of structure and function since this is confusing and uninteresting to the child and not at all what he wants. Questions about the genital organs and about sex are usually included. They have no particular significance and are natural expressions of the child's curiosity. They should be answered as simply and willingly as other questions although it is sometimes necessary to reassure a child about his own sex and its advantages.

Curiosity is one aspect of the child's emerging self-dependence. At this time also there is great interest in doing things for himself and much pleasure in achievement. Parents should grasp this opportunity to train their child. The desire to put on his own clothes or to put away his toys and his satisfaction in accomplishment are great aids in teaching him to be self-reliant, clean and neat. If this period is not utilized, training at a later time will become more difficult as then dressing is tiresome and cleaning up a room is a nuisance. The child should not only be permitted to seek new experiences and to do things for him-

self but he should be assisted and encouraged. As the child learns to take responsibility he should come to rely more on the inner satisfaction of achievement and less on parental praise and admiration. The most common error in training at this time is the retarding influence of parental overprotection. Care should be taken not to hinder the child's development either because the parent wishes to keep the child dependent upon him or because it is easier to do things for the child than to teach him to do them alone.

In seeking new experiences the child is apt to try out new forms of behavior. Some of these are acceptable and should be encouraged, others are disagreeable and unsocial and should be discouraged. Training and discipline are necessary to direct the child's energies into acceptable channels. The parent should continue to avoid overcorrective and overcritical attitudes, instead he should try to see the child's point of view and help him to understand why certain types of behavior will not be tolerated. Authority which is firm, kind, reasonable and consistent will help the child to understand the limits within which he may exert his independence.

When undesirable habits exist or where there are disturbances in eating, sleeping, discipline, etc., the parent should approach the problem in a calm, detached manner. Nagging or shaming the child will never produce satisfactory results. The faults in the environment should be sought out and corrected if possible.

Plenty of playtime should be provided for the preschool child. Often the child may be left to his own devices but sometimes suggestions and encouragement are necessary. Play provides an outlet for the child's developing energies and fantasies. A large variety of material, from picture books to blocks and letters, is advisable. Most children of this age play well alone and not until 4 or 5 years is there any cooperative play.

Sibling rivalry and jealousy are normal responses among young children. They can be easily corrected if the parents will make a definite effort to see that all the children receive adequate affection and attention and that the older child is allowed certain privileges on a more mature level. There is cause for concern only when the previous training has been at fault.

SCHOOL-AGE

With entrance into school, there is a gradual shifting of the child's interest away from the home and toward playmates and teachers. The home is no longer the center of the child's universe. With the acquisition of new technics such as reading and writing and the increase in vocabulary, the capacity to acquire information is greatly increased.

Most children, after a few days of adjustment, leave home fairly willingly and accept the inevitability of the school. An understanding attitude, a little encouragement, a kind word may be all that is necessary to give the child the confidence he needs. The transfer is more difficult for the child who has always

been guided and protected by the parents, and some children never adapt themselves satisfactorily. They remain shy and self-conscious and are unable to compete successfully with their peers

Many parents are overly ambitious for their children and exert great pressure on them for better work. Inability to live up to parental aspirations may cause such children to become worried and fearful and unable to concentrate, in this way further lowering school marks.

Parents may also adversely influence school performance by adding to the regular work extracurricular activities such as music lessons, dancing lessons, attendance at regions or foreign language school, thereby limiting time for homework and for play

Children of 6 and 7 begin to choose their own friends among their classmates and neighbors. These friendships shift constantly and, until adolescence, few of them have any permanency. They are valuable in that they give the child pleasure, they teach him to adjust to different personalities and they foster a group spirit. Parents may guide their children in their choice of friends but they should understand the importance to the child of being able to take the first step himself.

Sports and physical activity are of great value. Organized play saves considerable time, teaches specific technics and usually helps the child to learn something of cooperation and competition, but there is less opportunity for imagination, for initiative and freedom of ideas than in play originated by the children themselves.

Boys and girls of school age already should be accustomed to carrying out a certain routine of dressing, eating, sleeping, etc. Usually there is little difficulty in this respect unless the preschool period has been badly managed. But there are other responsibilities that the child should be expected to assume with only an occasional reminder. He should take responsibility for his behavior, be able to plan his study and play schedule. He should understand and abide by the limitations of his freedom. Neatness and cleanliness are hard to maintain at this age but certain regulations must be insisted upon.

Approval by the group is important and the child will learn much about routine and responsibility if he is associated with children of his own socioeconomic class. His parents will do well to be guided, in part at least, by what is expected of the other children and what privileges they are allowed. Conformity is important at school age.

ADOLESCENCE

During adolescence childhood habits of obedience, dependence and protectedness are broken and the child finally emancipates himself from the home. As a mature individual he should be ready to face the world and make his own decisions.

Emancipation from parents does not imply disorderly conduct or defiance of authority. By independence is meant a detachment from the emotional life of the family to such an extent that the individual is able to decide for himself such matters as choice of vocation, marriage and individual attitudes toward life.

Becoming independent does not necessitate leaving the home. There are persons who have fully accomplished their emotional independence and who continue to reside with their parents. There are others who live far away yet still continue dependent upon their parents and expect the world at large to protect them and give them special consideration.

Many of the problems of adolescence result from parental attempts to keep the child dependent upon them, to insist on obedience and to mold the child into a preconceived pattern. If the child has been overprotected or dominated by his parents during childhood it may be difficult for him to take the steps necessary to gain his independence. He may never become emotionally emancipated but may remain dependent on family ties, unable to take responsibility for his behavior and incapable of making decisions for himself.*

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CITY AND RURAL GUIDANCE

By

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A CONSIDERABLE majority of the people of the United States is now urban in the sense that it resides in incorporated cities and towns having a population of twenty-five hundred or more. Many of the smaller towns, however, are rural centers, and the conditions of living in them are essentially similar to those of the surrounding rural environment. It is significant, too, that the reproduction rate among the people of farm and village communities is substantially higher than in cities, and that at least half of the children and youth of the present generation are in rural families.

CONDITIONS OF LIVING IN TOWN AND COUNTRY

Although the almost universal presence of rapid means of transportation and communication has destroyed much of the former isolation of most rural communities, and caused many of the more obvious surface distinctions between city and country people to disappear, yet it is important to observe that disparities of great significance in the environments of city and rural children will long continue to exist, and must receive continued attention with respect to the guidance of rural children and youth.

For historical reasons well known, city children generally enjoy markedly superior advantages resulting from their proximity to superior public facilities for education and welfare. With few exceptions, city school systems are further developed than rural schools. Especially is this true with respect to the variety of curricula offered, and to the facilities for personal and vocational guidance made available. Generally speaking, school terms are longer, school attendance rates are higher, and supplementary school facilities providing for recreation and social participation are more abundant in cities than in rural communities.

The same is true of public library and museum facilities. Public regulation of sanitation and health is more nearly universal and usually more efficient in cities. Besides, availability of a great variety of public and private agencies of recreation, social welfare, and individual counseling is vastly greater to city people than to their rural confrères.

Notice must be taken, of course, of the diversity of rural localities in the United States. In the highly productive agricultural states and regions which

are relatively untouched by crop failures and other natural disasters and handicaps, most of the rural population maintains a relatively high standard of living, and the moderately prosperous family farm in such places continues to be one of the most wholesome of all locales in which children may grow up. But there are other great areas where nature is not so kind, and where large rural populations struggle to achieve only a low standard of living under adverse circumstances. Typical of such regions are the Southern Appalachians, the Ozarks, the cut-over lands of the Great Lakes northwest, and the semi-arid "dust bowl" of the great plains.

Numerically the largest of all areas of depressed rural population is the Southeast, where despite generally favorable conditions of soil and climate, an oppressive system of land tenure and an unwise exclusive devotion to marketable cash crops (chiefly cotton), operate to keep a large rural population, both white and Negro, at a very low level. Poverty, ill-health, ignorance of sanitation, and inability to exploit the natural advantages which lie at hand conspire to perpetuate degraded conditions of rural living.

Elevation of the standards of rural life in the South can be accelerated by placing within reach of every child a chance to understand some of the fundamental requisites, such as (1) the superiority of diversified farming, including livestock production and rotation of crops, over the cash-cropping system; (2) the necessity of eggs, dairy products, and a variety of vegetables and fruits in the diet for good human nutrition, (3) the urgency of interracial cooperation in ameliorating the neo-plantation system of land tenure, under which measures designed to oppress the Negro operate to exploit white and Negro sharecroppers and tenants alike.

Although the problem of interracial relations is in a sense largely a regional problem of the South, yet it cannot be dismissed as of little national concern. State and regional lines become less and less significant, and the nation becomes more and more a unit in which discord at any point affects the whole. The nation can not advance far while giving no concern to its "problem regions". No more can the white population of the South advance far while neglecting or oppressing the Negro population.

Public education is a powerful lever to raise standards of health, prosperity, and general well-being. It creates economic opportunities, conquers disease, and softens prejudice. Most of the rural parts of the United States, and especially the South, have a heavy ratio of children and youth to adults, and thus an abnormally heavy "educational load". This, in conjunction with the fact that most of the rural states and regions are well below the national average in taxable resources per capita, forces the conclusion that there is a national obligation to guarantee equitable educational facilities for rural children and youth by providing federal financial aid to the states for general educational purposes.

CITYWARD MIGRATION AND ITS IMPLICATIONS

Not to be overlooked is the matter of the migration of rural people. For many decades our city populations have been built up largely by the coming of persons of working ages from rural origins. This cityward migration was somewhat checked during the early years of the great depression of the 1930's, and at the same time there was an appreciable incipient movement of city families back to the land. This phase was of short duration and small consequence, except to increase the numbers of rural young people for whom there is no satisfactory outlook on farms or in villages. The cityward trek has been resumed, and there is every indication that it will continue through an indefinite period.

Our cities of one hundred thousand population and over do not have a sufficiently high rate of reproduction to prevent a decline in population. If they are to continue to grow, or even to remain at their present level, there must be a continued influx of rural migrants. The more important side of the picture is that approximately half of all the boys and girls now growing up in rural America probably must migrate out of their home neighborhoods in order to find suitable occupational opportunities.

The mechanization of agriculture has greatly reduced the need for manpower on the nation's farms. The number of farm boys annually reaching the age of 18 substantially exceeds the number of farmers and farm workers who die or retire or pass the age of 65. This situation has already created a large reservoir of "dammed up" older rural youth of both sexes. Though it may be temporarily mitigated by the acceleration of industry for war purposes, the problem is an old one which will be with us for at least a considerable time in the future, and may be especially acute during the post-war period. Several implications as to the vocational guidance of rural youth become clear.

First, it is well that the farm boys and girls who have a taste and aptitude for agriculture should have opportunity to learn the elements of scientific farming which are applicable in their own region, to appreciate the advantages of farming as a way of life, and to sense the possibility of building a superior American rural culture through rural community organization. In brief, the half of the children and youth now on farms who should remain there and adopt agriculture as a life work are entitled to good training and guidance in vocational agriculture, home economics, and rural sociology. An idea of how far we fall short in this respect can be gained from the fact that only some seven thousand of the twenty-eight thousand high schools in the United States have departments of vocational agriculture operating with the joint federal, state, and local support provided for in the Smith-Hughes Vocational Education Act of 1917.

GUIDANCE FOR TOMORROW'S RURAL CITIZENSHIP

Some directions which the training and guidance now offered to prospective young farmers in rural schools should take are also clear. In the first place, the nearly exclusive emphasis upon agricultural projects as a means of making money needs to be greatly modified. It is true that the business aspect of agriculture is important, and that farm accounting and record-keeping need to be improved, but there are so many other aspects of rural life in need of concurrent development that preoccupation with petty-cash considerations should not be condoned. The satisfactions that come from executing a job well, and from playing one's part among others in a community enterprise should be equally emphasized.

Moreover, stress on individual competition, as highlighted in the awarding of prizes for exhibits of livestock, farm products, and hand crafts, and in numerous other types of contests, should be diminished. Such stress serves to retard the development of the spirit of cooperation in achieving a joint result, which is the one element most needed among rural people for the improvement of their community life and their human relations in general.

These admonitions apply not only to the teaching and guidance in rural schools, but also to the work of the great organizations for rural youth, such as the Four-H Clubs, the Future Farmers of America, the Junior Granges, and others.

A third and equally important consideration applies to all agencies for the guidance of rural children and youth. The ill-considered tendency to stimulate enthusiasm for farming as an occupation by fostering a spirit of hostility toward other occupational groups is productive of untold harm, and should be guarded against. Rural boys and girls should have opportunity to see by the evidence of their own senses that workers in factories, stores, and offices in crowded cities are human beings much like themselves, with much the same human aspirations and frustrations.

They should appreciate that all these workers are no less essential in a modern society than are the workers of the farm. They should see that the welfare of all is woven into a fabric in which the strands are inseparable—that healthy and happy persons working under fair conditions in cities are as indispensable elements in a strong and prosperous nation as are healthy and happy farmers obtaining good prices for the products of their work.

In short, false occupational antagonisms should not be fostered. The farmer who looks at every public question only through glasses colored solely by considerations of how the proposed measure will affect his own small business suffers from what has been aptly called "occupational psychosis", and is scarcely equipped to discharge well his obligations of citizenship. The same is true of persons in any other occupation who despise the farmer, or who refuse to view any matter affecting the general welfare except through the lens of their own occupational privileges or prejudices.

A WHOLESOME RAPPORT WITH THE SOIL FOR CITY CHILDREN

It follows that urban children and youth should be given a chance to understand at first hand the conditions of rural living and the elemental agricultural processes. Fortunate is the city child who spends a month or more in the summer and a week or two at Christmas on his grandfather's farm. How can comparable opportunity be extended to all city children?

There are many possibilities. Public school systems in cities of substantial size could operate a large farm near the city for the sole purpose of giving pupils practical work experience and an irreducible minimum of the rudiments of plant and animal husbandry without which the human race would starve.

There are many possible forms in which a periodic temporary exchange of pupils and teachers between city and rural schools might be arranged. General use of such practices would go far to afford city and rural children the reciprocal familiarity with urban and country points of view which many of them now have no means of obtaining.

It is in cities that the family household has undergone its greatest erosion as an economic unit. The wholesome habit of allowing children of both sexes to become working partners with their parents in a common family enterprise, which was practically universal a century ago and is still characteristic of farm families, has practically disappeared in cities. Wage-earning parents, crowded housing conditions, and commercial invasion of the food and clothing industries which formerly supplied many necessary household tasks, leave little or no opportunity for parents and children to work together. So it comes about that many city children grow up to adulthood without the benefit of experience as a manual worker in any kind of productive enterprise, save as such experience may be afforded by their schools or recreational agencies.

To some extent the schools do fill the void by offering work in industrial arts, and by providing school gardens in which children may work with the soil and with plants. For city school systems there is a challenge and an opportunity in the suggestion that they should operate work-camps for their pupils, offering experience in many kinds of construction, repair, and landscaping work, as well as in agriculture and horticulture.

The suggestion ought to appeal especially to those school administrators and others who look with apprehension upon the tendency of the federal government to provide separate schemes of work and training for out-of-school youth through such agencies as the Civilian Conservation Corps and the National Youth Administration. Insofar as the federally-administered youth work programs are necessary primarily for the relief of unemployment, they should probably be continued under federal control, for unemployment is a nationwide problem best dealt with by national agencies. But insofar as youth work programs are primarily an educational device, it would seem that their administration should be completely integrated with that of the public schools.

Work camps in city school systems would have many inherent advantages. The shift of the individual pupil from school to camp and *vice-versa* could be made when most needed by the pupil, as determined in part by his own wishes and by the judgment of his teachers, counselors, and parents. No extensive travel or severing of home ties would be entailed. There could be some advantageous interchange of teaching and counseling personnel between school and camp. Pupils in the work-camp could feel that they were actually having a hand in the physical improvement of their community. They would earn that feeling of competency which comes from manual work well executed, and gain that "common touch" which is known only to men and women who have done hard physical work shoulder to shoulder in a cooperative undertaking.

RURAL BOYS AND GIRLS WHO WILL MIGRATE

Adverting to the half of the rural boys and girls of today who must migrate out of their home communities sooner or later, we come upon the obligation of the rural schools to these pupils—an obligation which most rural schools are at present very poorly equipped to discharge. For the rural youth of either sex whose tentative occupational choice calls him cityward, the rural schools should afford a system of testing and record-keeping which will provide a good basis for a guess as to his chances of success in the occupation of his choice.

If the prognosis is good, the school owes him encouragement and an opportunity to pursue the courses of instruction best suited to early preparation for his chosen career. If the prognosis is poor, it owes him a frank statement that his chances of success are not superior, and that his choice might well be reconsidered.

For the youth who finds difficulty in arriving at any choice, the school should provide a realistic exploratory introduction to the several main fields of human endeavor, not only through the medium of the printed page, nor merely through the still photograph or motion picture-screen, but through actual first-hand contacts in all practicable ways. These can be arranged either by bringing professional persons, business executives, and commercial and industrial workers to the school, or by taking the pupils to the appropriate commercial establishments, professional arenas, and industrial plants. The latter method is, of course, superior when feasible; but both can be used concurrently, and both, it will readily be seen, contribute not only to vocational guidance, but also to the more important larger social guidance discussed in earlier paragraphs.

LOCAL SCHOOL DISTRICTS MUST BE REORGANIZED

One of the chief lacks in American rural education, viewed nationally, is the general absence of any effective organization to stimulate and supervise vocational and social guidance in individual schools. Of the 120,000 school districts in the United States, a great many are so small that they operate

only one small elementary school. These districts are virtually "a law unto themselves" within the limits set out in the state statutes, and the leadership and supervision which they receive from educational authorities at the county and state levels are often very greatly diluted, if not for practical purposes non-existent.

It has long been obvious that not only for the purpose of an effective organization for the guidance of pupils, but also for the purpose of providing the varied curricula and related activities which are indispensable to a modern school, and for the purpose of acquiring a dependable local basis for at least a substantial part of the financial support of public education, many thousands of small rural school districts in all parts of the country (except in the relatively few places where sparsity of population and lack of roads make their continuance necessary) must give way to a newer form of local organization of school units in which the smallest primary unit of school support and control will be generally not smaller than an entire rural county.

This would enable the authorities of the county school district to locate the sites of elementary schools, junior high schools, one or two senior high schools, and a public junior college at the places most appropriate to serve the population of the county, and to determine attendance areas within the county in such manner as to afford maximum educational opportunity to all the children and youth. It would also make it practicable for the county school district to attach to the staff of the county superintendent of schools one or more well-trained guidance officers to supply a greatly needed leadership to the embryonic guidance program of the entire local school system. These officers, under the form of organization here sketched, would confer with the teachers and counselors in individual schools, not as ambassadors from separate jurisdictions, as is now generally the case with county or state supervisors, but as members of a unified county-wide school system.

Where the county embraces one or more cities of substantial size, this circumstance should not mean that it must be broken up into several school jurisdictions, some urban and some rural. Artificial district lines should be abolished, so that the large cosmopolitan high school in the town or city is as accessible to the farm boy or girl from a remote corner of the county as it is to the sons and daughters of local merchants and factory workers. In this manner a good deal of inequality in educational opportunity can be corrected locally, and the needless misunderstandings and antagonisms between city and rural people can be further broken down.

In many of our states today there are in each county two quite distinct public school systems, one urban and one rural, and each of these is often composed of a considerable number of small independent districts. It is quite the common situation that the farm boy or girl can get access to the nearby urban high school only by crossing district lines and having charges for tuition paid to the urban school district. It is true that these charges may sometimes

be paid by the rural school district of his residence, or by the authorities at the county level, or even out of state school funds in some of the more enlightened states; but all this, with its infinite complexities, is a poor substitute for the general establishment of urban-rural local school districts approximating the size of a county, and maintaining a school system in which all schools are open on equal terms to the youth of city or country without distinction.

This has little to do with the detailed techniques of guidance and counseling for city and rural children, but it is a blueprint of a basic local organization for American public schools which is nearly indispensable from many angles, including those of fiscal support, curricular development, and the improvement of guidance. If its urgency is not already clear, its implications for the education and guidance of rural children and youth will become apparent when it is considered in relation to the facts regarding the prospective migration of rural going people from farm to city, already discussed.

To labor the point for a moment, it may be added that as long as rural youth are discouraged or prevented from attending high schools or junior colleges in nearby towns and cities, the result will not be, as some misguided rural people hope, to keep them on the land and satisfied with a rural life in which they constitute a human surplus doomed to a low standard of living. Instead the result will be that those who migrate to cities as prospective wage-earners will go in ignorance of the conditions of city living, accustomed to the lower levels of wages and living-costs which prevail in rural places, poorly acquainted with the role of labor organizations and often hostile to them, and without training or experience in any non-agricultural pursuit. All these characteristics of rural young people recently arrived in cities conspire to push them down into a sort of economic substratum, wherein the unemployment rate is high, all jobs are precarious, and the available work is in very large part unskilled and underpaid. The presence of this constantly replenished reservoir of exploited rural youth in cities is not only often disastrous to the young persons directly concerned, but also operates powerfully to pull down the labor standards of the entire community, and to multiply the number of persons who live on the edge of indigency or destitution.

TRANSIENCY AMONG AMERICA'S RURAL POPULATION

There are several other aspects of the migration of rural people which require attention in any thorough consideration of city and rural guidance. There is, for example, the problem of the chronically migratory or transient farm workers—the Joads of the *Grapes of Wrath*—the Okies or Arkies transplanted to California, other migratory rural laborers up and down the west coast, the Mexican beet-workers of Colorado and the Dakotas, and a considerable transient agricultural population in the fruit and truck areas along the east coast. All in all, the numbers of these people are not great in comparison with the total rural population, but the extremity of their plight, especially with respect

to the education and welfare of their children, gives great poignancy to the problem.

Wherever the production of a highly perishable agricultural product requires large amounts of hand labor at crucial times during the season, usually at the time of harvesting, corporations or individuals of little social conscience resort to many devices, often deceptive, to attract the necessary large numbers of patient hand workers into the locality at the crucial time. Lured by the promise of higher wages, the transient workers and their families flock into the locality, overflow its housing facilities and establish themselves temporarily in jungle camps sometimes consisting of no more than tattered tents for shelter and discarded orange-crates for furniture.

Facilities for cleanliness and sanitation are often virtually absent, and to the physical hazards of exposure are added the social hazards arising from a suspension of many of the ordinary rules of civilized society. If police protection is present at all, it is usually perfunctory, and the local civil authorities usually administer justice with a heavy bias against the newcomers. Their failure to see that their children of school age are promptly enrolled in the local public schools is often winked at because otherwise the local school facilities would be overloaded. Even at best the children in transient agricultural families have little opportunity to obtain benefit from schooling, because of the very fact they move so frequently from place to place.

After the short period of intensive hand-labor has saved the harvest, the persons whose hands performed the labor become an economic and social liability. Community hostility rises against them, and if their departure is not prompt this hostility is usually channeled into some form by which, with the connivance of the local public authorities, they are driven out. Thus is agricultural transiency perpetuated.

It is important that both city and rural youth should know the full story of agricultural transiency and its social consequences. It is even more important that they should wrestle with the problems it presents. The materials and techniques to achieve this result may include the press and the printed page, the motion picture, the discussion group, and the tour of inspection to observe at first hand the conditions described.

Half a century ago there came a great awakening of social conscience in America regarding the evils of city slums. A great flood of vigorous writing on the subject found its way into the permanent literature of the time, and helped to accentuate and perpetuate the popular belief that great cities are naturally places of sin and human degradation, while God's open country is always a place of sweetness and light. This may have postponed for a generation any general public recognition of the fact that human degradation can be as terrible in a bucolic environment as elsewhere, and that substantial parts of America's rural people live in places which can only be characterized as rural slums.

It will be a good day for America's children and youth when no rural child is impressed with the silly notion that the city is a wicked place, and when no urban child is taught that all farmers and their families are well-fed. This is but a roundabout way of saying that city and rural youth should be given such a grasp of sociology and social psychology as to assure them that their contemporaries, whether on the isolated ranch or in the teeming metropolis, are neither foreign nor inferior by the accident of birth. They should be given, too, such a grasp of contemporary social problems as will demonstrate that the job of organizing at the community, state, and national levels for the provision of the necessary social services is everywhere unfinished.

GUIDANCE FOR THE POST-WAR PERIOD

At the present moment, in the midst of a great war effort, there are extraordinary elements which play large parts in the current scene with respect to the migration of rural people and the guidance of rural youth. A normal proportion of the young men in the armed services are farm and village boys. Sooner or later most of them will be demobilized to resume civilian pursuits. This prospect must loom large in all efforts to assemble the facts upon which intelligent counseling of rural youth must constantly be based. The prospective demobilization is scarcely less significant for urban youth, except that we already know that the present disparity between the numbers of youth and the numbers of occupational openings is already greater by far in rural America than in cities.

We have before us now, too, the spectacle of "boom towns" overflowing with newly-migrated workers in war industries and ancillary occupations, many of whom have come considerable distances. This phenomenon is most prominent along both coasts, where the "mushrooming" industries engaged in ship-building and aircraft production are largely located. There are, however, numerous inland centers of various war industries. The end of the war will bring to these places a disastrous deflation with hardships and losses to many thousands of persons unless successful plans are executed to cushion the shock.

There is ground for hope that the impending difficulties of the early post-war period may be coped with much more intelligently and effectively by public agencies than ever before in comparable situations. There are indications that the federal government may soon achieve an integration of its various efforts related to the distribution and use, not only of the nation's manpower for the war effort, but also of the nation's human resources in time of peace. Some of the principal agencies concerned are the Selective Service System, the United States Employment Service and its related division of unemployment compensation, the Division of Labor Supply and Training under the War Production Board, the United States Department of Labor, and the Federal Security Agency.

Through the work of some of these agencies great forward steps are taking place in what may be called the science of human accounting, so that we

now know much more than ever before regarding the whereabouts and characteristics of our people of all ages, and inevitably soon shall know a great deal more than we know now

Certainly one important element in the guidance of children and youth of both town and country is to acquaint them with these agencies and to keep them abreast of the rapidly-transpiring new developments in the general field of human accounting. In other words, it is an important service to the children and youth of this generation to see that they have opportunity to habituate themselves to using the several services which the national government is creating and expanding so that our great democratic society can accomplish a more effective social control over its human resources, to the end that all available human energy shall be used to good purpose, and that a degree of security for the individual shall be underwritten by society rather than left to the vagaries of chance and to the play of forces entirely beyond individual control.

This brings us to what may be an appropriate statement of the aim, from the social viewpoint, of guidance for children and youth of city and farm. The object is to inspire them and to equip them not only to observe and understand the steps which are taken and proposed to be taken toward the building of a more humane and more enlightened social order in America and in all the world, but also to play well their parts in the formulation and advancing of those steps.

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THE SCHOOL TRAINING AND CHILD GUIDANCE TASKS

By

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MANY and varied factors have contributed to the development of the guidance movement in education. Within the educational systems themselves, some of these influences have been the rapid increase in school populations representing many nationality backgrounds and cultural patterns, the growing size and complexity of individual schools, as well as school systems, the marked lengthening of the years of school attendance by pupils, the high percentage of school failure at various age and grade levels, the great expansion of educational, vocational, extracurricular and other offerings and opportunities within educational institutions and systems, and the growth of the departmentalized organization of education in which no one teacher had an opportunity to get to know the problems and needs of the individual child.

At the same time the social and economic organization and problems in the community became more and more complex, with rapid shifts of populations from rural to highly congested and depersonalized urban centers, a bewildering expansion and specialization in vocations and occupations, changes in the structure of homes and family and community relationships, the increased mobility of the population and the rapid sequence of violent social upheavals due to wars, spurious prosperity and economic depressions. In the face of these changes and complexities, parents were less able to train, advise and help their children and weakening family ties left great numbers of children floundering about without any adult assistance in a world far too intricate for their comprehension. In an age when all traditional institutions and authorities were under critical scrutiny and all values questioned, children needed more help than usual to find their place in life.

A very great influence on the development of the guidance movement has been the rapidly accumulating scientific knowledge of the individual differences which exist between one human being and another. The advancement of medical science and the public health movement has revealed the great prevalence of physical disorders, diseases and defects and provided improved methods for the study, treatment and prevention of these handicaps. As a result of the

work of psychologists, the very great variations in the mental and educational capacities of children have become widely known, together with means for evaluating other types of aptitudes and disabilities. Through the work of social case workers, social welfare agencies and institutions and sociologists, many family and social problems have been intensively explored and the influence of environment on the personal development of individuals and groups has been elucidated. Research in child development and the field of psychiatry has thrown much light on the physical, mental and emotional growth of the child and on the many distortions of personality and behavior resulting from unhealthy influences during early, formative years. At the same time much knowledge and experience has been gained in the study, treatment, and prevention of those conditions which often lead later to chronic delinquency, nervous disorders and mental diseases.

As some knowledge of these various fields was absorbed, there were always interested persons within and without the schools, who were eager to apply the new approach for the improvement of educational practice and the more adequate care of school children. As a result, teachers have become increasingly sensitized to the varied problems and needs of the individual child as a person and imbued with a desire to help him achieve the maximum growth and development possible for him. At the same time, progressive educators were bent on undermining the rigidities and aridities of the traditional, one-track, subject-centered curriculum and were focussing attention on the child, his life interests and his need for first-hand exploration, experimentation and activity as a living, integrated whole, rather than as a passive mind into which prescribed knowledge was to be poured lesson by lesson.

As a result of all these influences, there has been considerable fermentation among educators and a greatly increased feeling of responsibility for knowing and guiding the individual child, so that he may make the best use of his school years for the full and well-rounded development of all his powers and potentialities. The guidance approach to children usually meets with ready response, for most children are quite aware of unsolved problems, gnawing worries and unmet needs in their own lives and are grateful for an opportunity to talk these over with a sympathetic adult and to get advice and help in working them out.

At the present time there are many different conceptions and approaches to guidance and the organization of services bearing this name is widely different from school to school and from one community to another. It seems evident, however, that any approach to guidance which is more than a superficial arrangement of administrative procedures for the efficient operation of the school involves consideration of a number of factors. The first of these is the use of the best available methods and facilities for the evaluation and diagnosis of the child and his potentialities and problems. Without adequate provisions for diagnostic services and the use of these findings in the guidance of children,

the value of guidance efforts are very limited. Emphasis on the guidance of the individual child also requires flexible provisions within the school or school system for meeting his needs, once they are ascertained. Diagnosis and guidance without the means for adjusting his educational program to meet his problems and needs would appear to be a rather futile procedure, and yet this still seems to be the situation in a number of communities. The organization and processes of guidance and counseling cannot be considered in isolation from other educational efforts to individualize the approach to each child and to help him to achieve a healthy, well-rounded development as an integrated personality.

GUIDANCE IN PRE-SCHOOL, KINDERGARTEN AND PRIMARY GRADES

The fundamental importance of the pre-school period of child development has long been stressed by specialists and workers in the fields of physical and mental health. Ignorance, neglect or unwise handling by parents during this period have the most serious effects upon the future of the child. The Pre-School Round-Up program of the National Congress of Parents and Teachers, which provides a preliminary physical examination for children entering school for the first time, is in operation in many communities throughout the country. In recent years, several questions of significance in the emotional development of the child have been added to the standard physical examination form used in this program, helping to give some insight into the personality and behavior problems of the child. In one or two communities, experiments have been made in arranging for brief interviews with each mother by visiting teachers or psychiatric social workers, who were thus able to gain a more detailed picture of the developmental status of each child. Of 115 children from above average economic and social backgrounds involved in one of these experiments, 37 presented no particular problems of adjustment. Among the remaining 78, the unhealthy deviations noted in order of frequency centered around feeding, over-dependence, fears, temper tantrums, nail biting or thumb sucking, enuresis, prolonged baby talk, poor sleeping arrangements and habits, and episodes of a sexual nature. The program of the National Congress of Parents and Teachers has also contributed to the guidance of young school children by the organization in some school systems of child study clubs for mothers and by providing funds for glasses, milk, school lunches and other health services for children of parents unable to pay.

Until the depression, nursery school experience was limited to the few children provided for in private nursery schools. Stimulated by federal relief funds, nursery school programs were developed in many communities in the country and in some areas these were conducted in school buildings. Emphasis was placed on problems of health and nutrition, habit training, companionship, play and social adjustments, the treatment of personality and behavior problems and on parent education. The great limitations of many homes and neigh-

borhoods in affording pre-school play and social experiences and adequate habit training for children of this age makes the nursery school movement a very important one. Such schools are also invaluable as educational resources in the training of students of home-making and home economics, parent education, nursing and social work and in the preparation of teachers, psychologists, pediatricians and others concerned with the care and training of young children.

The pre-school period is of the utmost importance to the health and education of children with special handicaps and through the cooperation of educational and health agencies, the school census has been used in a few instances as an instrument for locating infants and pre-school children suffering from crippling conditions, blindness, deafness or other handicaps requiring early medical and educational supervision if serious destruction or retardation is to be prevented.

It has been frequently noted that those children who have had the opportunity for a year of kindergarten experience are far better equipped for successful educational achievement in primary grades than those who do not. It is surprising, therefore, to find how many school systems make no provision for kindergartens and are still, at this late date, debating the issue. The experience of child guidance clinics indicates that the transition of the child from home directly to a formal first grade program is a very difficult one and frequently results in many educational and emotional casualties. In visiting schools operating kindergartens, it often seems to mental hygienists that this room is the one oasis in the building where some of the principles and methods of mental hygiene and progressive education are actually being practiced.

During the kindergarten and first grade period, schools have a very great opportunity to contribute to the future physical and mental health of the child. Unhealthy deviations in physical development, behavior and personality are frequent at this age level, are easily observable and are more readily amenable to treatment than they are ever likely to be in the future. Parents are more genuinely interested in learning the best methods of child care and training and open to suggestions and are in a more cooperative mood than they will be later, when the child's problems have become more complex, exasperating and distressing to them and when it is easier for them to blame the child as the sole author of his own difficulties. It is also true that teachers of these classes are likely to have had a little more training in understanding the needs of young children and usually have a greater interest in the individual child than at later grade levels.

Reports of a number of studies by kindergarten and first grade teachers, psychologists and mental hygienists of the guidance problems and physical and mental health needs of these young children are now available. Probably the most intensive such study yet made was a two-year experiment conducted in 1937-39, first in the kindergarten and first grade of one public school and

later, on a less intensive basis, in several additional schools, in New York City, through the cooperation of the New York City Board of Education and the Vocational Adjustment Bureau for Girls. The research staff included a psychiatrist, a pediatrician, a psychologist and a visiting teacher trained in psychiatric social work. The findings emphasized the wide range of individual differences found among kindergarten and first grade children and the volume of serious physical and mental health needs. Physically, they ranged from extreme shortness to extreme height in stature, from marked thinness to fatness in weight and the majority presented physical health problems from a mild to serious character. Defective vision in one or both eyes of 20/40 to 20/50 were found in 34 of 100 kindergarten children and 9 had serious hearing defects or chronic or acute ear conditions. Neurological symptoms were present in 11, functional heart murmurs in 27 and organic heart defects in 5, speech defects of lisping or stammering in 25, carious or abscessed teeth in 33, enlarged or infected tonsils in 36, endocrine disorders in 9, postural defects or curvatures of the spine in 15, in addition to other less frequent defects and diseases. From the standpoint of mental capacity, test results ranged from Intelligence Quotients of 65 to 129 with the majority falling into four groups of from 85 to 104. Visits to homes emphasized the tremendous variations in the economic, social, family, marital and emotional climates in which these children had developed and the intimate relation these had to the personality, behavior and educational adjustments and progress of the children in the classrooms. The personality and behavior symptoms observed and studied by the psychiatrist included disobedience, hostility, inferiority feelings, timidity, infantilism encouraged by adults, enuresis, thumb-sucking, lying of common or fantastic varieties, running away, temper tantrums, sibling jealousy and speech defects.

It was concluded "that a comparative short period of observation and study by properly qualified workers will effectively select those children who need intensive, specialized treatment" and those with problems which may be managed "by the teachers, perhaps with modification of methods". From 10 to 15 per cent of the children were in need of active psychiatric and social therapy of a type rarely provided by schools. Contacts with the homes often revealed lack of understanding, sympathy and cooperation between school and home. The need for the mental hygiene education of teachers was strongly emphasized and it was recommended that 2 units or 30 course hours in mental hygiene and child guidance be required for examination, appointment and licensing of teachers of kindergarten and first grade.

Another educational measure which has been established by some schools for guidance purposes at this level is the voluntary or compulsory visiting of the homes of all pupils once or twice a year by teachers. While some teachers enjoy home contacts and through them gain much insight into the needs of their pupils, others dislike this custom and get little if any value out of these

experiences because nothing in their professional preparation has equipped them with ease in making personal contacts or understanding of the range or significance of the information which may be gained in home visits. Visits to the school by parents may be encouraged and mothers clubs are sometimes operated.

Realizing the devastating effect which failure to pass or repetition of grades may have on the personality and mental health of young children at the very beginning of their educational experience, some schools and educational systems provide group and individual psychological testing service for children entering school, classify them according to levels of physical and mental development and have eliminated the excessive emphasis on annual promotions during the primary school period. The child thus happily and confidently progresses as he is mentally able and reading readiness tests help to determine when he should be launched on that first educational bugbear of childhood, the acquisition of skill in reading. Unfortunately these practices are not widespread and any study of the age-grade tables of educational systems around the country or contacts with problem children, reveal the appalling extent to which large numbers of young children are still exposed to the experience of failure, with one, two, three or more repetitions of first grade, during their first years at school. Two or three long years of school failure at this age level often have a permanently crushing effect upon the child, who is never again able to regain a feeling of joy and self-confidence in relation to school work. Apparently the majority of teachers and parents still think that the child can learn if he will only exert himself and for this reason the failing pupil is frequently disciplined both at school and at home, thus adding to his misery and maladjustment. Great headway will be made in protecting the mental health of children when these problems receive more adequate attention throughout the country.

Interest in and provisions for the individual differences of school children and their guidance in educational and social adjustment are probably more widely found in schools and among educators on the elementary school than higher school levels. While great numbers of schools and school systems have not yet progressed beyond the single-track, traditional, required curriculum and have no resources for diagnosis and treatment, many have made marked progress in recent years.

PHYSICAL HEALTH

The first basic essential of any educational consideration of the whole child is a carefully planned and adequately functioning school health service. Whenever careful physical examinations are made of students, the great majority are found to have one or more physical handicaps susceptible to improvement through remedial procedures. Periodic physical examinations by physicians, with

follow-up by school nurses and some regular inspection for communicable disease control are now a regular part of most educational programs, at least in the larger communities. In addition, many schools concern themselves with the hygienic aspects and safety of the school environment and some provide for the health supervision of teachers. Dentists and dental hygienists are increasingly being employed by school health services and in some communities minor types of medical and dental treatment are provided by school clinics. In others, cooperative relationships with private physicians, public and private clinics, hospitals and other health agencies by school nurses helps to obtain needed care for school children of parents unable to pay. Although there still seem to be great differences of opinion as to the content of the health education curriculum and the amount of time to be given to this vital subject, considerable progress has been made in the health education and physical training of school children. Health educators and directors of physical education are now employed in many of the larger institutions and school systems. In some schools, special programs for the detection of tuberculosis and for the immunization of school children against various diseases are in operation.

When school health examinations are carefully carried out, it is soon revealed that there is a considerable number of school children who cannot be safely or adequately educated in the regular school classes. To meet these needs, some of the larger school systems have established special classes for the blind, sight-saving classes for the visually handicapped, special classes for the deaf and the hard-of-hearing, for cardiac defectives, the badly crippled and health classes for other weak and undernourished children whose health needs supervision. In a few systems, special teachers are assigned to teach seriously handicapped children in their homes, sanitariums and hospitals.

The prevalence of severe speech defects and an increasing realization of the effect of these handicaps upon personality development has led to the employment of speech teachers for remedial work in some school systems. Attention is also being given in some centers to tutoring or remedial work in reading and other school subjects. The opinion prevailing at present seems to be that wherever it is possible by means of medical care, lip reading, hearing aids, etc., the handicapped child should attend regular classes for normal children, at least during a portion of the school day. In this way, he better learns to adjust to normal people and life situations and his outlook does not so readily become limited by his handicaps. In some systems, special classes are segregated in special school buildings, while in others, they are scattered through the regular schools, being located in a center most convenient for the majority of the children to be served. From the psychological standpoint, the latter arrangement seems to insure more normal contacts and experience. With more effective health programs for the prevention and early treatment of physical disorders, there seems to be some hope for a marked reduction in the physical diseases and handicaps of school children.

MENTAL AND EDUCATIONAL ABILITIES AND ACHIEVEMENT

The second diagnostic base upon which any effective educational guidance must rest is the evaluation, by the best available methods, of the mental and educational capacities and achievements of school children by means of a program of individual and group psychological testing. In spite of the fact that innumerable studies have been made and published, invariably showing great and persistent variations in the learning rate, the mental ability and educational achievement of school children, and that educational literature has been intensely preoccupied with this subject for almost a quarter of a century, there is still a curious and widespread apathy among educators to the effective use of these measures.

So far as it is possible to judge from statistics available and from first hand contacts with a considerable number of school systems, it is still the exceptional school or school system which has in regular operation a carefully planned, systematically administered program of group testing, supplemented by facilities for the individual testing of children deviating markedly from the average and which uses test results in the ability grouping of pupils and the modification of educational curricula. In many quite large city school systems, no group or individual testing is done; in others, the testing which is done depends upon the sporadic interest and initiative of individual principals or teachers; and in others, the program is limited to the testing of pupils in the last upper grade before transition to another school setting. Some schools may have in operation a minimum program of group testing, with no facilities for individual testing and some administer group tests regularly but make no provisions for the ability grouping of pupils, for differentiated courses of study or for special classes. Others may have one and sometimes two psychologists, whose whole time is given to the testing of individual children referred by teachers and principals from schools in which no group testing program is in operation. Another surprising situation may be occasionally found in which some group and individual testing may regularly be done, but where teachers do not have ready access to the findings or are even refused permission to obtain this information and where the available data is not used in guidance. While the interpretation and use of test results in some individual cases must be guarded, it seems a truly excessive caution on the part of educators to postpone the use of fairly adequate measurements until 100% accuracy in every case can be guaranteed. It is the experience of child guidance clinics that teachers' judgments as to the mental ability of individual children are frequently quite erroneous and the use of some more reliable and objective measurements is clearly indicated.

In spite of the widespread lag in the full use of the objective measurements now available, some school systems have instituted a comprehensive system of psychological and educational testing and have utilized the results for the

reorganization of educational programs so that these will more successfully meet the needs of children with various levels of ability. In these systems, special classes are provided for mental defectives, and the other children in accordance with their ability are grouped in classes for the slow, average and superior. The average group usually includes from 50-60% of the school population, with 20-25% falling into the superior and slow groupings, and 1-2% in special or ungraded classes for mental defectives. Educational curricula in these systems often contain suggestions to teachers for the expansion and enrichment of the course for talented children and for the curtailment, simplification and increased attention to repetition and drill for classes of sub-average ability.

It is likely that the future will show much more radical experimentation in the planning of differentiated curricula for each of these groups, rather than emphasis on slight modifications in content or different rates of speed in covering the same curriculum administered to all three groups. For instance, the happiness, learning ability and behavior adjustments of dull children have shown remarkable improvements in a few experimental classes where education was focussed on life interests and first hand, concrete experiences by the use of progressive educational methods. The wastage of the talents and enthusiasm of children of superior abilities and the chronic anxiety, fear of failure, unhappiness and sense of inferiority and frustration, engendered in dull-minded children by frequent school failures in the traditional single-track curriculum require the most serious attention in all educational systems, large or small.

The great value of systematic testing programs is that the diagnostic findings may be obtained and used in educational guidance before the child is subjected to destructive educational experiences. Thus mentally defective children may be placed in special classes at the very beginning of their educational careers and not unceremoniously dumped there in the early adolescent period after years of chronic failure and unhappiness. With the lengthening of the compulsory education period, the need for the adjustment of educational curricula to various levels of mental ability becomes more and more serious.

With the increased interest in and knowledge of the social case study and treatment approach and the educational needs and adjustment of the truant or delinquent school child, there has been a tendency in the direction of abolishing special classes and schools for truants and delinquents in those systems in which they were previously established.

The tremendous role which schools may play in the prevention of delinquency and the contribution which schools now make to the actual production of delinquent behavior in children are still far from fully realized by educators. Reporting on the intensive studies of the delinquent careers of both adults and children, made under the auspices of the Institute of Criminal Law, Harvard Law School, Mrs. Eleanor T. Glueck states. "A tracing of the life careers of

five hundred adult male and five hundred female offenders reveals that from two-thirds to three-fourths of them first manifested delinquent behavior as juveniles, and intensive study of one thousand juvenile offenders shows that the average age at onset of delinquent behavior is nine years and seven months, so that obviously the indicia of delinquency must have been evident during school years".

About 92 per cent of the homes of the 1000 juvenile delinquents were for one reason or another not conducive to the happiness and well-being of children and 93 per cent of the children used their leisure time harmfully, very few ever having belonged to any organization for constructive recreation. An average of 2 years and 4 months actually elapsed between the onset of anti-social behavior and the child's first appearance in juvenile court and during this period, in only 7.6 per cent of the cases had any mental examination of the child been made. Of those studied, 28.2 per cent were dull, 17.1 per cent borderline, and 13.1 per cent feeble-minded, a far larger proportion of low mentality than in the general population of school children. One-fourth were retarded in school one year, 61 per cent two or more years and only a handful had had the benefit of special class placement. Seventy-five per cent were school truants and another 10 per cent were classroom problems, so that in 85 per cent of the cases, the earliest symptoms of anti-social behavior were evident at school.

The case loads of child guidance clinics likewise provide irrefutable evidence of the great part played in the development of delinquent behavior by school failure, with resulting feelings of inadequacy, inferiority and chronic unhappiness at school. In many cases, if the school life of these children had been happy and they had been successful in school work, adjusted to their abilities, interests and needs, these satisfactions would have served to counter-balance the negative aspects of their home and community life and to prevent the development of delinquent behavior. Social study and treatment of the earliest behavior symptoms by a visiting teacher or social worker might also have resulted in improvements in the home environment and relationships and more adequate utilization of constructive community resources in treatment.

In the larger school systems providing a full program of group and individual testing, this is usually administered by a central department or bureau of tests and measurements. Of 118 Research Bureaus in city school systems reporting in 1931, 74 were responsible for the tests and measurements program, 25 and 22 were concerned with curriculum making and guidance respectively and 4 with child study and welfare.

One would suppose that some alleviation in the complexity of their instructional problems, resulting from the homogeneous or the ability grouping of pupils, would greatly please teachers, but such is not usually the case. It appears that considerable effort must be expended on "selling" such a program to the teachers in service and in helping them to achieve a right attitude toward

it. Even then, a considerable number of teachers express some resentment and dissatisfaction when assigned to classes of dull, slow-learning children. If the attitudes of teachers in service are negative or resistant to ability groupings, these are soon sensed by parents who proceed to register complaints, resulting in the dropping of the program in some communities.

Another complaint against the ability grouping of pupils is sometimes registered by educators and other philosophers, being expressed as a fear of regimentation and the loss of the values inherent in contacts with all varieties and ranges of ability. It is doubtful if those children permitted to experience happy, self-confident and successful educational progress within the limits of their mental abilities and at their own rate of speed feel concerned over the problem of being regimented. Far more concern should be felt by educators over the destructive effects on personality and behavior resulting from maladjustments or repeated failures in the regimented lock-step of the traditional system. The wide range of variations in physical make-up, social maturity, emotional and behavior responses, experience and background, special interests, abilities and disabilities, and in achievement in various school subjects found among children in any single ability or homogenous group should allay anxiety on this score. It is also possible for children of all mental levels to participate together in some classes in music, art, physical education or in other areas of the school program. If flexibility is preserved, individual children may readily be transferred from one ability group to another when development and achievement indicate the need for this.

In schools offering no opportunities for ability grouping, individual teachers sometimes roughly divide their class into two informal groups within the same classroom, one progressing more rapidly than the other. Other teaching plans or work assignment devices which have been suggested or experimented with for the purpose of allowing the individual pupil to progress at his own rate of speed include the project or problem methods, differentiated or long-unit assignments, the contract plan, the Dalton, Morrison and Winnetka plans, the laboratory plan, credit for projects or studies carried on out of school hours and in some very small classes, individualized instruction.

It seems evident that the majority of school systems, particularly in town, village and rural areas, require considerable stimulation and help in working out educational programs for exceptional children and most progress has been made in those states which provide supervisory programs and financial subsidies for these purposes. The term "exceptional children" is usually interpreted as including the physically or mentally handicapped, the mentally gifted and behavior problems, but most programs have so far concerned themselves only with physically and mentally handicapped children. Some supervisory facilities, including consultants or supervisors of special classes or divisions or bureaus of special education, are now provided in the state departments of education by 16 states, with about 12 on a full-time basis. In some instances these pro-

grams require the enumeration of all handicapped children in the state through the school census

RECORDS, REPORTS AND PROMOTIONS

With the increasing emphasis in schools on understanding the educational needs of the individual child and guidance in personality development, the value of an adequate, centralized system of cumulative pupil records has become obvious. Without some accurate knowledge of the child's past educational experiences and achievements, the diagnostic data accumulated through special school services, the information gained by teachers of his personality, behavior, strengths and weaknesses, his interests, ambitions and activities and his family and social background, any attempts to "guide" him are quite meaningless. Various types of cumulative records have been worked out and experimented with. These range all the way from a single, large formal card, on which all types of highly condensed official data, such as schools attended, dates of entrance and exit, attendance, promotions and grades and findings resulting from physical and psychological examinations, are recorded or checked, to case folders containing several cumulative cards for recording in greater detail different types of educational and diagnostic data, in addition to personal history sheets for the informal recording of observations and experiences pertinent to the understanding of personality and behavior, other personal or family history material which throws light on the background and needs of the child and summaries of guidance interviews with the student, his parents or other individuals or agencies interested.

The shallow, wholesale and mechanical approach to guidance and the problem of cumulative records which seems satisfying to some educators is exemplified by the following quotations: "These data can be accumulated on a master card and duplicated quickly and easily by a new system at a cost not to exceed two cents a copy (including labor and depreciation of machinery). When the major advisor can have readily at hand complete up-to-date information concerning his advisee it should be possible to improve the quality of the advice . . . It seems to be a practical and highly desirable step for institutions whose students exceed one thousand to rent a Hollerith machine and to set up information about them on Hollerith cards so that facts concerning the whole group or selected parts may be quickly and easily ascertained." It is safe to say that the "quality of the advice" so blithely dispensed to the "advisee" will not be improved one whit through such methods. Such an approach indicates a complete lack of understanding of the great complexities in personality development, of underlying motivations in behavior and of the types and volume of personal and family information required if "guidance" is to be of the slightest value.

Probably the greatest weakness in educational systems of guidance is the usual dearth of information about the family background, the home and family

relationships which so deeply condition the personality and behavior of the child. When schools officially report that they collect data on the family background, they usually mean that they have the names, ages, occupations, places of birth, nationality and addresses of the parents, bare facts which are of little help in understanding the child. Various experiments have been made by schools to fill in this background of information. Autobiographical essays or questionnaires written or filled out by the student covering such subjects as information about himself, his parents, brothers, sisters and others in the home, his outside duties or work experiences, his previous educational experiences, his hobbies, interests and recreational activities and his ambitions and vocational goals often give valuable material of significance for guidance purposes. A few schools have used an inventory form of questionnaire covering similar data on the student and his family which is sent to parents to be filled out and returned. Other types of tests and questionnaires have been occasionally used by schools, usually with older students, to aid in evaluating personality make-up and adjustment for guidance purposes. These have included interest questionnaires, aptitude tests for various school subjects or fields of knowledge and vocations, rating scales of personal traits or attributes, personal inventory or data sheets and adjustment questionnaires and inventories for the purpose of evaluating physical health history, mental health and emotional adjustments.

There have also been attempts on the part of educators to improve and humanize reports to parents on pupils' educational progress and adjustment. Emphasis is placed on the development of the child's personality, his personal and social traits, his work habits and attitudes, commendations for evidence of progress and suggestions for the improvement of weaknesses. Such experiments are designed to encourage a more careful evaluation of growth in terms of personality and to aid parents with constructive suggestions as to how they may help the child. Experiments have also been made in the substitution of personal discussion conferences between teachers and parents as a more satisfactory method than the exchange of written reports. In spite of considerable progress, many schools still cling to the spurious method of attempting to evaluate scholastic work in terms of precise numerical points and others use the more general evaluation of A, B, C, and D, with pluses or minuses indicating slight deviations in quality above or below these standards. Extremely destructive practices are still in operation in some communities. It is a frightening experience even for an adult to look at the report card of an 8-year-old dull child and to see the flaming evidence of all his failures written in red ink, in contrast to his infrequent and meagre successes recorded in blue. Even the heart of an adult sinks in despair while looking at the report cards of a 6-year-old kindergarten child or an adolescent boy on which all the unlovely and unworthy traits are checked and double checked, plainly indicating how exceedingly far they have fallen in the scale of human decency.

In schools having no plan or facilities for group and individual testing and no program of curriculum adjustment to the educational abilities and needs of various groups of children, the traditional methods of promotion are still practiced with occasional skipping of classes by bright pupils and repetition of classes for the dull. With increasing attention to the volume of retardation in schools and consciousness of the destructive effects which failure and frequent repetition of classes have on dull and backward pupils, the custom or accepted policy has developed of "passing along" these children to the next higher class, regardless of their failure to do the school work of the grade just covered. Much virtue is made of this practice because it keeps these children in classes of their own chronological age and physical and social development and it also markedly reduces the statistical evidence of school retardation. While "passing along" from grade to grade is perhaps a little less destructive experience for the child than to remain indefinitely sitting in classes with younger and smaller pupils, it is obvious that it is far from a satisfactory solution for the problem. Each grade so passed makes it increasingly impossible for the child to do the class work, for he has not yet acquired the necessary educational skills of the previous grade levels. He sits for a considerable portion of his educational career in apathy and dejection in classes where everything that goes on is beyond his comprehension and quite unrelated to his interests and needs. The only solution to this problem appears to be radical innovations in the development of differentiated curricula especially adapted to the mental, educational and personality needs of these mentally dull and backward children.

DEPARTMENTS OF SCHOOL ATTENDANCE

The very great guidance potentialities inherent in the work of attendance officers and departments have been realized to some extent in a number of communities. In the past and in many communities today, school attendance officers were usually a miscellaneous assortment of middle-aged or elderly men, with the most nondescript educational and vocational backgrounds, appointed for many extraneous reasons, whose approach to attendance work was limited to that of law enforcement. With the increased interest and cooperation of parents in the education of their children and the greater appeal which modern curricula make to the interests of children, the problems of truancy and law enforcement have greatly receded in some areas.

Because many absences are due to illness or are excused by parents on this basis, some schools have arranged for attendance work to be handled by school nurses. Telephone calls to homes often are made, wherever possible, by clerks, followed by visits to the homes by the school nurse on all cases presenting special problems. In one large school system, the work of the attendance and visiting teacher departments has been merged and attendance problems are now approached from the social case work angle. In a few other centers, the

attendance departments are directed by persons with training and experience in social work and mental hygiene. In other traditional departments, children presenting special problems of health, behavior or educational maladjustment are now more frequently referred by attendance officers to other school departments or social agencies for further study and treatment.

The full utilization of the attendance department for guidance purposes has probably not yet been achieved in any community. Any school system vitally interested in guidance has a remarkable opportunity through its annual school census to obtain, by means of the visits of census takers to all homes of children in the community, various types of social information which would have the greatest value in understanding the social and family backgrounds of pupils. At the present time only the barest statistical data are usually covered. A carefully planned schedule of social information to be obtained on each family through the school census would be a valuable addition to the school's knowledge of its pupils. The full possibilities of these census visits for guidance purposes could only be achieved, however, if the census takers were persons with some training or experience in social work and if they later recorded more fully the knowledge and impressions gained. The annual revisits would afford means for learning of vital changes in the family constellation and fortunes which would be significant in the personal and educational adjustments of the school child. As mentioned elsewhere, the school census also provides a means for locating all children in the community who have physical, mental or other special handicaps requiring treatment or supervision by some community agency.

Any analysis of even routine attendance cases will show the great variety of guidance problems which may be involved. Many children, particularly the mentally retarded, who are educationally maladjusted and unhappy in school, frequently absent themselves for days at a time on the basis of physical complaints, accepted without question by both school and parents. The frequent absences of others on the basis of poor health may encourage a neurotic trend in the development of children whose mothers are unhealthily absorbed in their own and their children's physical complaints or who for some underlying reason show excessive anxiety, over-protection or pampering. Truancy is now recognized as one of the serious and earliest symptoms in the lives of chronic delinquents and should call for immediate study of the child and the school and home situations and intensive treatment to prevent the development of more destructive and chronic disorders. The social study of other attendance cases will show in the family such serious problems of health, unemployment, poverty, family disorganization, mishandling or mistreatment of the child or other destructive factors that they require referral by the school to other community institutions and agencies for more intensive study and treatment.

Increased recognition of the guidance possibilities in school attendance services has led in a few states to the establishment of standards in educational requirements and other qualifications for appointment as attendance officers. In California and Alabama, a college degree and some courses and experience in the fields of social work and child welfare are among the requirements specified. Only casual attention by part-time officers is now given to attendance work in many communities and much of the work of larger attendance departments is still very poorly done, if judged from the social rather than the legal point of view.

THE VISITING TEACHER

The work of the visiting teacher is primarily concerned with the individual study and treatment of problem school children from the social case work and mental hygiene points of view. It involves a search for the underlying causes in the school, home and community situations and relationships and in the personal life experience of the child, which contribute to his unhappiness, failure and maladjustment in personality or behavior and the modification of these influences in more wholesome and constructive directions. Children are referred to the visiting teacher by the classroom teacher, school principal or by other school officials when they present problems of scholarship, discipline, personality, make-up or behavior which are disturbing, erratic or baffling and which do not respond to the usual educational methods of handling. Through her visits to homes and contacts in the neighborhood, the visiting teacher brings to educators an increased understanding and appreciation of the family and community influences which affect the development, behavior and educational achievement of children. Her work results in closer cooperation between home and school and in an increased knowledge and use by the school of all the community welfare agencies, institutions and resources which may aid in the treatment of problem school children or their families, or in the eradication of destructive neighborhood conditions affecting groups of school children.

The visiting teacher also often conducts informal child study discussion groups of teachers or parents in the school and teaches formal courses elsewhere in the community in child guidance, behavior problems, mental hygiene or related subjects. Some have experimented with class discussion groups or courses on mental hygiene for school children of upper elementary and high school levels. She may be consulted by parents and teachers about their own adjustment problems or by school administrators in the formulation of plans, policies and programs affecting the mental health or personality development of groups of school children.

There are now about 355 visiting teachers working in some 72 communities scattered throughout 27 states. Because of the original emphasis on the early treatment and prevention of personality and behavior problems in children, almost all are working in elementary schools. Although there is great need

for this service in junior and senior high schools, visiting teachers with professional training are now on the staffs of only 2 or 3 such institutions. The many serious personality, behavior and mental health problems present in the average high school population have been demonstrated, but so far high school administrators and teachers have shown little or no interest in mental hygiene or social case work as invaluable approaches to the guidance problems of unstable adolescents.

CHILD GUIDANCE CLINICS

A few full-time and part-time child guidance clinics are now being operated and financed by Boards of Education. By far the largest of these is the Bureau of Child Guidance, New York City Board of Education, which operates six full-time and one part-time clinical units, each with a staff of one psychiatrist, one psychologist and from two to four or more psychiatric social workers. Full-time child guidance clinics are also operated by the Newark, Jersey City, and Minneapolis Boards of Education. In about 16 additional communities, Boards of Education provide child guidance clinics, usually with the part-time service of a psychiatrist and the full-time services of psychologists and visiting teachers or psychiatric social workers. Emphasis is usually placed not only on the diagnosis and treatment of the individual child but also upon the in-service training of educators in mental hygiene, child study and guidance.

There are also about 642 child guidance and mental health clinics in the country operated by a variety of institutions and agencies to which school children are referred by educators for study. Unfortunately the majority of these clinics operate on a part-time basis and are concentrated in a few states, including New York, Massachusetts, Pennsylvania and New Jersey. There are still about 21 states where very little, if any, such clinical service is available to schools. Of 6432 problem children referred to 23 full-time clinics in 1940, 948 or about 1/6 were referred by schools. In a few states, traveling part-time mental hygiene or child guidance clinical services are provided to small town and rural areas by state departments of mental hygiene or mental institutions and many of these clinics are held in elementary and high school buildings. It seems likely that an increasing number of state and local boards of education will develop their own child guidance clinical programs for the study and treatment of school children.

In those larger school systems where there has been considerable development of specialized school services for the study and treatment of children's problems there is a trend in the direction of better coordination and integration of these functions. In a few communities a number of these diagnostic and treatment services have been administratively grouped in departments or bureaus of special services, child study or child welfare under the direction of an assistant superintendent or some other executive officer. Such an arrangement usually insures closer cooperation between services and a better integration of their varied approaches to school children.

ARTICULATION AND ORIENTATION

When the student in his educational progress arrives at the second semester of the 6th or 8th grade and the 9th and 12th grades, depending on the junior or traditional organization of high school and college, the guidance problems involved in articulation and orientation arise. At each such termination point a number of guidance questions must be considered by parents, teachers and student. Does the student have the mental ability, ambition and interest in further education of the types offered, so that continuation in school is advisable and successful achievement, at least for a time, in the next higher educational unit seems likely. Are the parents financially able and willing for him to go on and if not, and the pupil is aspiring and promising, what help can be arranged so that he may continue his education. How may the student at these points be helped to clarify his ideas about his abilities and limitations, interests and educational and vocational goals and plans. What arrangements will help him in becoming acquainted with the next higher institutions and the resources and opportunities they offer. If his educational and vocational goals are clear-cut and specific, which institution among those available promises to meet his needs best.

A number of devices have been used by schools to aid in these processes. In some schools group intelligence and aptitude tests and interest questionnaires are used as an aid in guidance at these points. Teachers and guidance personnel may arrange for group discussions or personal interviews with students and parents to help students in focussing their plans. Representatives from the next higher unit may visit the school and describe the institution and its offerings. Individual or group visits by the class to the next higher units may be made to become better acquainted with the new settings. Catalogues and other publications may be regularly collected for the use of students in familiarizing themselves with entrance requirements, registration procedures, probable expenses, and the courses and types of training offered.

After students have reached their decisions and formulated the next step in their educational and vocational plans, the guidance problem shifts to the need for orienting them in their new educational settings. Some educational institutions have developed definite programs for this purpose, the major activities of which usually function during the student's first days or week in the new institution.

The new institution may contact the school last attended by each incoming student to obtain any available educational or guidance information about him. Printed material of an informational nature may be made available to him, outlining programs of studies, course requirements, registration procedures, supplementary educational resources, scholarships, clubs and organizations, social, extra-curricular and religious activities and other data designed to aid him in learning what opportunities are open to him and the traditions,

regulations and practices to which he will be expected to conform. Physical examinations and a program of group testing may also be completed during this period, in addition to a program of social and recreational activities to aid in getting acquainted. Each student is also usually assigned to an advisor or counselor and makes his first contact with this personage.

Some of the orientation activities conducted for students entering college or university throw a rather lurid light on the deficiencies of previous educational experience. After twelve years of education, it still appears necessary to take these students by the hand and teach them in A.B.C. language, how to think, how to study and concentrate, how to budget their time and organize their work, how to make notes, how to use reference books and the library, how to read, write, and speak simple English, how to prepare for examinations, and how to adjust to the intricacies of their new educational program and setting. It also appears that after twelve years of education, there is a necessity for quickly orienting the bemused student to the nature of the world and of man, the historical background of contemporary civilization, to present day life and thought, to the chief social and intellectual problems of the contemporary scene and to the various fields of knowledge. Series of orientation lectures and introductory over-view and survey courses in these and related subjects are regularly offered by some higher institutions. The thought of all the hordes of students who leave school at the end of the 8th grade or during or at the end of the high school period without any opportunity for becoming oriented to life about them presents a rather appalling spectacle to the imagination. It would seem that if any orienting to modern life and modern problems is to be done, it should come at a far earlier stage of educational experience, so that the majority of pupils may gain some benefit therefrom.

EXTRA-CURRICULAR ACTIVITIES

During recent years there has been a greatly increased emphasis upon the program of extra-curricular activities conducted under school auspices. Some elementary schools provide, from time to time, a number of extra-curricular programs and activities for the whole school population, in addition to a few hobby, interest and athletic clubs for pupils of the upper grades, but the movement has developed most rapidly in the institutions of secondary and higher levels. In some of the larger such institutions, there is hardly any major cultural field, interest, hobby or sport, an outlet for which is not available in some organized club or group. Some of the clubs center around subjects taught in school, the arts, or games, sports and athletics and these groups are usually led by the instructors in these subjects. Other interest or hobby groups are led by teachers with special interest or leisure time experience in these areas. Students are usually permitted to join any group they may desire, but in some schools, participation in at least one extra-curricular activity may be required and there is also some limitation to the number of such activities

other students are permitted to undertake. In individual cases, the student may, for treatment purposes, be advised or encouraged to join some particular group. Control and coordination of extra-curricular activities are usually vested in a faculty, or a joint faculty-student committee, and faculty advisors are selected or appointed to supervise each organized group or activity.

The great value of these extra-curricular programs for guidance purposes is in that they help students to make friends with others of congenial interests, they enrich his social experience through cooperative participation in small groups and they afford an opportunity for the cultivation and expression of a wide variety of interests and abilities which would otherwise find no encouragement or outlet in the regular school curriculum. The development of some special interest or skill and the satisfaction and self-expression resulting from such a happy experience is also a very important therapeutic measure in the treatment of a considerable number of personality, behavior and educational maladjustments. Hobby, recreational and social programs sponsored by and centered in the schools make a very great contribution to the prevention of delinquency in some communities where there is otherwise almost a complete dearth of resources for the constructive use of leisure time.

PERSONAL GUIDANCE IN ELEMENTARY SCHOOLS

Responsibility for the guidance and adjustment of elementary school pupils usually rests with the classroom teachers, supplemented in difficult cases by the efforts of the school principal. There are, of course, great variations in the personality make-up of teachers and principals and the extent to which they are genuinely interested in their pupils as persons and concerned with their all-round growth in personality and adjustment. Because their professional training has given them such meager preparation for understanding children and their needs, great numbers of teachers are still concerned with little except the maintenance of docility and quiet obedience in classroom behavior and the diligence and ability of children in mastering the subject matter covered in the daily schedule of lessons.

A number of studies and reports have now been made of teacher-pupil relations and the consensus of opinion is that the personality of the teacher is a most important element in the child's school experience. Classroom observations tend to show the direct relationship between the teacher's personality and the classroom behavior of children. Nervous, high-strung teachers, who are curt, critical and fault-finding, sarcastic and constantly antagonistic, scolding and punishing, or those who have temper tantrums or loud, harsh voices and dominating manners, seem to call forth restlessness and noisy and erratic behavior in the children they teach. They are always thus likely to have the "worst class" in the school. The personal characteristics of others are such as to result in an atmosphere in which work progresses in a quiet, orderly manner, but with enthusiasm, fun, freedom and happy spontaneity in educa-

tional achievement. Perhaps the most prevalent problem is the number of drab and colorless teachers, of narrow outlook and limited experience, who carry on in a listless, boring, routine manner with no spark of enthusiasm, gaiety or humor, no contagious spirit of adventure in learning and with no interest or concern except getting through the day's stint of lessons with the least expenditure of effort

The teacher's first contribution to the guidance and adjustment of her pupils is, therefore, the creation of an optimal educational atmosphere or climate and the use of classroom methods which are conducive to the mental health and personality development of all her pupils. Through continued observation and study of individual children, she may then note certain children who need special attention and thoughtful handling in classroom situations, to help them overcome certain less serious personality and behavior problems. Through personal contacts with the parents and the child and through her own treatment efforts in the classroom, the teacher may encourage and help the child in overcoming his difficulties. For the child with more difficult problems, the teacher may consult with and utilize any or all of the diagnostic and treatment resources available in the school system and cooperate in study and treatment. In other situations, the teacher and principal may recognize that the severity of the problem is beyond the resources of the school and will then refer the child or his family to the community agencies equipped to carry out more intensive and prolonged study and treatment procedures.

In elementary schools, the personality of the principal is usually a pervading element in the life of the school and his or her attitudes and educational outlook condition those of the teachers in the building. In some schools, the principal has a well developed social approach to education, is intimately acquainted with the families and social conditions in the area served and knows and uses all the school and community resources which will contribute to the adjustment of pupils. In many others, education is carried on in a vacuum, with little knowledge or interest and few contacts with parents, neighborhood or community. In school systems having a variety of diagnostic and treatment resources and where many others are readily available in the community, these have never been known to have been used by numbers of principals and teachers. Few principals or teachers have yet concerned themselves with community organization focussed on the prevention of problems by elimination of sources of contagion or provision for social services needed for this purpose.

Some of the recent innovations in the practices of some schools contribute much to the guidance of pupils. In a number of schools, case conferences are held for the discussion of the problems presented by individual pupils. These may be attended by several members of the educational staff having contacts with the pupil and in some areas, representatives of agencies in the community are asked to participate. By pooling their knowledge and by analyzing and

discussing the information available, treatment plans are formulated and responsibility allocated. Educators in a number of communities have evinced much interest in neighborhood or community "coordinating councils". First developed in California, this plan involves the organization of a council composed of representatives of all social and health agencies and other civic groups working in the neighborhood or community. In meetings of this group, the problems and needs of individual children may be discussed and a coordinated plan of treatment evolved. Other social welfare, health and recreational needs of the area represented may also be discussed and plans made with a view to the prevention of problems.

A third innovation in educational practice is the case study approach to problem children, in which by various means, the child and his whole educational, community and home situations are systematically studied to locate the source of his difficulties and to clarify social and educational treatment needs.

Stimulated by their interest in the guidance of their pupils, many teachers in some communities have taken extension courses in child development, child guidance, children's behavior problems and mental hygiene. A few experiments by teachers have also been made in teaching courses in mental hygiene and personal relationships to classes in upper elementary and high schools. There is a very great need for the further development of this approach and efforts should be directed as soon as possible toward the integration of mental hygiene content into the educational curricula on health and hygiene. Little progress will be made in the improvement of the general mental health in the community until this subject becomes an important element in the training of all students, as well as teachers.

GUIDANCE IN SECONDARY SCHOOLS

Guidance in secondary education did not present many problems nor receive much emphasis so long as high school attendance was limited to a relatively small number of highly selected students, of superior ability and advantages, seeking the more or less prescribed college preparatory curriculum. If these students did not fit into this educational plan, they quietly dropped out and little attention was paid to the matter. Difficulties began to arise when the percentage of the youth population attending high schools began to mount rapidly before 1920 and continued until 1940, when between 50 to 75% of the appropriate age groups were in secondary schools. These masses of students, of many different nationalities and cultural and economic backgrounds, with a wide range of mental abilities, interests, talents and goals, necessitated a great expansion in the types of curricula and training opportunities offered in the secondary schools. In some of the larger institutions, as many as thirty or more curricula may now be available, with an increased number of specialized courses offered within a greatly expanded series of subject groups. In these

departmentalized institutions, each of a number of instructors usually sees the individual student as one of a fairly large group, for very brief periods, during the week and is able to observe him only in one highly formalized class situation and in relation to only one small area of his life. The need for some more personalized and well-rounded knowledge of the student soon became very apparent.

Because great numbers of these students did not plan to go on to higher educational institutions, there was an increased need for focussing their education more definitely in the direction of the types of employment, trades and occupations which they would enter upon leaving school. At the same time many changes in the industrial and economic world were taking place, resulting in greater complexities, a vastly increased range of occupations requiring specialized training, and rapid shifts in employment opportunities. The necessary coordination between training programs and the requirements and opportunities of employment resulted in closer cooperation between school, community and employers. It was primarily to meet these problems that the guidance programs in secondary schools were first established.

There are wide variations in the organization, administration and functions of these guidance systems, but some plan for the guidance of students is now in operation in the majority of secondary schools. Most of these plans provide for helping the student to focus and clarify his thinking about his educational and vocational abilities and goals, aiding him in planning his program, in the selection of subjects and in meeting the requirements and standards in his field of interest. He is informed by means of survey courses, series of lectures, consultation and field trips about the various types of occupations, the training required for these, their remuneration, advantages and limitations, opportunities for employment and possibilities of advancement. A wide range of literature has developed to aid in these processes, including surveys of the offerings and requirements of institutions of higher education and specialized technical training, compilations of available scholarships and fellowships, large numbers of pamphlets and books describing and discussing many varied trades, occupations and professions and biographies and autobiographies of persons who have worked or been outstandingly successful in various fields of activity.

In most of the guidance programs, the counselor or advisor also has some responsibility for discipline, oversight of social conduct, checking of complaints on problems of attendance and punctuality and the quality of school work done by students under his supervision. There is usually some provision also for acquainting the student with the opportunities offered in the extra-curricular program of the school and for guiding him into appropriate activities, if this seems advisable or necessary. Individual conferences between advisor or counselor and the student may also be arranged to discuss such problems as his desire to leave school or to obtain part- or full-time employment,

his physical health or his personality or behavior adjustments. Conferences with parents may also occasionally be arranged to facilitate mutual understanding and cooperation between school and home. In some of the larger guidance programs, an employment service is operated to place students leaving the school in jobs and some further supervision of vocational and employment adjustments may be offered.

The diagnostic and treatment resources of the high school may include a program of group testing and the guidance of students into the particular curriculum, which seems best suited to his interests and mental abilities or limitations. In some schools, there are also several sections for students of different mental levels in those courses which may be required of all pupils. Other factors which may contribute to the adjustment of the individual student are flexibility in the program of studies, provision for electives, facility in the transfer from one curriculum or course to another, variation in number of courses carried, cooperative plans combining periods of study and employment, apprenticeship-study plans, and provision for continuation and evening courses.

In the small high schools, where guidance involves more than informal and incidental help by teachers, the principal often assumes full responsibility for the guidance of students and in some, he is assisted in this program by members of the teaching staff designated as deans of girls and of boys. The number of principals carrying full guidance responsibility decreases as the size of the school population increases and in the larger schools, deans of girls and of boys are more frequently used. In the majority of secondary schools considerable guidance responsibility is also delegated to home-room teachers or advisors. Under this plan of organization, between 20 to 50 students spend from one to five periods a week in the home-room, under the supervision of the same home-room advisor. This assignment may continue for a semester, the entire school year, or throughout the student's career in the institution. The assignment of the student to the particular home-room may be made in various ways, on an alphabetical basis, on the basis of class or grade, or on the basis of curriculum or vocational interest. From one-tenth to three-fourths of the members of the teaching staff may act as a home-room advisor to a group of students assigned to them. During these periods, the advisor may interview individual pupils in regard to the choice, change or quality of their school work, assist absentees and students failing in their studies to make up their work or may use the time for talks or group discussions of requirements for graduation from high school and college entrance, opportunities in clubs and extra-curricular activities, and vocational choices and opportunities. In some schools, the home-room period may also be used at times for the discussion of personal and social problems of common interest to the group and for organized courses for purposes of group guidance in occupations and vocations, methods and use of resources in study, the problems involved in character formation, personal conduct and school citizenship, and the development of a personal philosophy relating to

life values and goals. The home-room advisor is also often responsible for certain types of record keeping and other routine administrative procedures. In exceptional instances, there may be a central bureau or department of guidance, within a single high school, under the direction of a trained counselor, who organizes and supervises the guidance program and acts as a consultant to other members of the faculty engaged in the guidance program.

In some large city systems, central guidance bureaus or departments are organized with a full-time director and staff of counselors, trained in educational and vocational guidance, taking major responsibility for all guidance activities in the system. Under this plan, there is likely to be more emphasis on educational and vocational research relating to guidance, contacts with employers and trade groups in the community, organized courses in occupations and vocations and other subjects relating to group guidance, and more carefully planned orientation programs. In other systems having a central bureau, the central bureau staff is responsible for stimulating, organizing, supervising and consulting, but the major responsibility for guidance remains with members of the teaching staff of individual institutions, organized under guidance committees and functioning through a selected group of faculty advisors or counselors who are given some supervision and in-service training for the work and who usually take additional summer school courses in guidance. Such a plan makes it possible to utilize as counselors only those members of the staff who have special interest in the work and who have the personal qualifications required for successful contacts with students. Arrangements are usually made to relieve this group of counselors of a portion of their teaching load or to give them some additional stipend for these services. The counselor may continue to advise his group of students throughout their stay in school, or may change each year as the student progresses through the school.

In general, it seems evident that as yet most of the guidance activities in high schools are largely concerned with problems necessitated by school administration and to a lesser extent with the personality development of the individual student. Provisions for physical examinations and health supervision in high schools are often rudimentary and the staffs of high schools have shown extraordinarily little interest in mental hygiene, in the services of visiting teachers and the values of the case study and case work approaches to student problems. In the two or three instances where the services of psychiatrist and psychiatric social workers have been available for work in high schools, a large number of serious mental health and behavior problems were found in the student population. There is great need for further studies from this angle in institutions of secondary level.

GUIDANCE IN INSTITUTIONS FOR HIGHER EDUCATION

In general, many of the guidance problems and needs in colleges and universities are similar to those of the secondary schools. There has been much

discussion in recent years of admission procedures and requirements. Colleges and universities usually require a diploma or transcript of record showing completion of a specified number of educational units and patterns of subjects taken in approved or accredited secondary schools. Applicants may also take entrance examinations in specified subjects given by the institution or by other boards of examiners. Supplementary criteria which may be used in admission procedures include the quality of high school work as indicated by class rank in marks or grades, or the average grades in high school subjects, scores in psychological, educational achievement and scholastic or aptitude tests administered in high school or during admission procedures, recommendations or ratings of character and personality by high school principals or others, and the results of personal interviews for the evaluation of attitudes, purpose, character, personality and intellectual maturity. Some schools may also require reports on pre-admission physical examinations and evidence of vaccination and immunization, or may arrange for these during the orientation period at the institution. The effectiveness of admission procedures usually depends upon the clarity with which the institution has defined its educational philosophy and the aims and purposes for which it operates. During the admission period each student is usually assigned to a counselor or personnel officer and an initial conference is held. The program for personal counseling is usually organized by assigning a number of students or classes of students to various faculty members, who act as advisors during the student's first year or two in the institution. Selected students of sophomore or higher grade are trained and used to supplement the advisory activities of the teaching staff in some institutions. When the student reaches the stage where he selects his major field of study, the head or a member of the faculty of this major subject department then assumes responsibility for guidance. Responsibility for guidance contacts with advisors may be left to the student after the initial entrance conference, or interviews may be arranged on an annual or semi-annual basis. The information gained through these contacts may be supplemented by annual or biennial questionnaires filled out for guidance purposes. Some of the difficulties involved in the use of the teaching faculty for personnel and counseling programs is the lack of interest or facility in personal contacts with students, unwillingness to give the necessary time and the ease under these circumstances with which the counseling program becomes a formal, mechanized routine of little real significance or help to students. Admitting that college faculties are "pre-occupied with subject matter to the neglect of the student" as a person and that adequate instruction "involves far more than the giving of information on the part of the teacher and its acceptance by the student", an important committee on personnel work in colleges and universities still showed considerable superficiality in their approach to these problems. This group recommended that "a short volume with some such title as *The College Student and His Problems* should be published" in order "to inform administrators, faculty

members, and the general public of the complex human problems that are involved in education." Many short as well as long volumes have already been published but have not as yet notably affected the approach of educators. Assistance may also be given to students through loans, scholarships and grants in aid or by more suitable employment obtained through the employment service.

Provisions for the development of students with superior ability and maturity may include individual tutoring or guidance in study and research, honor courses, stimulation by means of prizes, honors, and awards, exemption from class attendance, prescribed courses and limitations of academic loads and the use of comprehensive examinations.

Among the more intimate problems which trouble students are a variety of personality and social maladjustments and emotional instabilities, worries over family and home difficulties, conflicts over sexual, moral and religious issues, feelings and behavior, complications due to immaturity and inadequacy in self-management and discipline and absorption in physical symptoms and complaints. Help with such difficulties can usually be given by counselors only when time is available for long or frequent interviews and when the counselor is interested in and prepared to handle with understanding, sympathy and skill the more intimate personal problems of students.

Because of the number of mental health problems found among the student population, one or two full-time psychiatrists have been appointed to the staffs of student health services in 7 or more of the larger universities, including Yale, Chicago, Michigan, Minnesota and Pennsylvania. The regular, part-time services of psychiatrists have been utilized for meeting the mental health needs of students in 17 or more additional colleges and universities. Ten others call on psychiatrists for consultation in handling the personality and behavior problems of students as the need arises. In about 9 other institutions, psychiatric services for students are provided as required by members of the psychiatric staff of medical schools and hospitals operated under the auspices of the institution. Several men and women trained in psychiatric social work are employed in at least one mental hygiene unit.

Brief psychiatric interviews with students may be routinely made as part of the physical examination program and many referrals are later made by the medical staff as the result of subsequent health service contacts with students. Anywhere from 12 to 44 or more per cent of the students seen may voluntarily seek help when it is known to be available and others may be referred by counselors, dormitory directors, teachers, parents, friends or others concerned about the personality or behavior problems of students. In some institutions personality and adjustment questionnaires have been used with considerable effectiveness for the selection of students who present symptoms or problems suggesting possible vulnerability or need for psychiatric aid with mental health problems. A number of studies have now been made of the mental health problems of

college students, the prevalence of mental diseases and other disorders among undergraduate and post-graduate student groups and of the personality adjustments and mental health problems of students of nursing and medicine.

In addition to the initial or periodic physical examination and health supervision of students with physical disorders, some colleges provide clinical and hospital services, as well as regular public health inspections of the college dining facilities and dormitories and of the private clubs and rooming houses used by students. A semester required or elective course in hygiene is also usually offered and remedial types of physical exercise may be provided by the physical education department in addition to their program of games, sports and athletics. In a few institutions, some progress has been made in a more realistic approach to the students' need for training in the field of sex hygiene and some courses on social hygiene, marriage, marital problems and family relationships are regularly given.

The colleges usually operate a registry of approved rooming houses for students and an employment bureau for the vocational placement of students in temporary or part-time employment and of graduates in full-time positions. Some check of part-time employment opportunities may be made to insure wholesome environmental conditions and the educational values of the work experience.

Problems of discipline are handled by the President or Dean of the College, by the Deans of Men and of Women, and in some centers by a joint student-faculty committee. A minimum quantity and quality of student work is usually required, with rules governing attendance at classes. Other problems of discipline may involve cheating, stealing, immorality, drinking, smoking in forbidden areas, mis-use of automobiles or the breaking of special regulations in dormitories or other campus centers. In many institutions, the approach to problems of discipline is still of the legalistic order, with an attempt to control student life through the use of elaborate systems of rules, regulations and penalties. Some of these codes closely resemble the outlines of regulations and punishments prescribed which are issued to prisoners in reformatories and prisons and exemplify the same spirit of negative, repressive and punitive discipline. Probably the majority of institutions still regard discipline as a matter of law-enforcement and solve these campus problems by warnings, penalties or the exclusion or expulsion of the offender. In some centers, considerable progress has been made in student self-government and an approach to disciplinary problems which regards these as opportunities for helping the student to achieve a better understanding of himself and his behavior patterns and growth in self-management and self-discipline.

Radical innovations in the field of higher education and in the approach to the student have been made in a few of the small, experimental colleges where all aspects of the program have been organized and focussed on the personal and cultural growth and development of the individual student. On the basis

of a study of each student as a personality, with a unique background of experience, talents, handicaps and interests, an individual program of living, experience, study and travel is planned which seems best suited to his particular needs and stage of development as person. Emphasis is placed on the flexible adjustment of all educational resources and programs so that these may afford the experiences needed by the individual student in the process of growth and integration of personality.

PROBLEMS OF ADMINISTRATION

It has been said that the best administrative system for correcting maladjustment in schools is that which prevents it and this is true in its effects upon teachers as well as pupils. It becomes obvious upon visiting a series of schools and school systems that there are the widest differences in the educational climate and atmosphere between one school and school system and another. These variations are usually due to the personalities of the executives in charge and their projection through general administrative practices and procedures. No matter how eager the individual teachers may be to use progressive educational methods and to adjust educational programs to the needs of individual children, they are quite helpless if administrative policies are rigidly traditional and principals and supervisors are unsympathetic and resistant to all innovations. Democracy and self-government in schools must first be practiced by educators in their professional administrative procedures before it is likely to have much reality in classrooms.

Almost all administrative policies, rules and procedures affect the personalities of teachers or children and should always be scrutinized for their implications for this angle. There are still many school systems in which the public listing of grades or the honor roll system is operated, which accentuate the spirit of cut-throat competition, putting an undue strain upon successful competitors, at the same time serving as a constant reminder of failure to those who can never hope to attain such pinnacles of achievement. Rigid policies of suspension and expulsion are very destructive in their effects upon maladjusted pupils and refusal to permit transfers of children from one class or school to another may greatly handicap treatment. An antique and rigidly administered demerit system for school discipline may result, over a period of years, in a concentration camp atmosphere, in which each teacher gradually acquires a sadistic, gestapo psychology, which no elaborate plan for guidance can overcome. With the lengthening of the period of compulsory school attendance, rigid administration may represent a refined type of cruelty to a considerable number of unhappy, overgrown, dull boys and girls who make good adjustments when permitted to go to work. The goal in the guidance approach to administration is the maintenance of sufficient flexibility in all policies, rules and regulations so that exception may always be made when study of the situation clearly shows that the welfare of an individual teacher or pupil will thus be served.

TEACHER TRAINING INSTITUTIONS

The crux of the problem of guidance in education lies in the teacher training institutions and very little genuine progress can be made until marked changes occur in the type of professional training which is offered for student teachers. While there are some progressive institutions scattered about the country, many seem to have comfortably subsided into a state of stagnation, which has been penetrated by amazingly few progressive trends in educational thought and remains relatively untouched by the scientific knowledge of human personality and social life accumulated in the past few decades.

Only about a third of these institutions require a brief textbook and lecture course in general hygiene and in almost all such institutions there is still no emphasis on the physical development, health and hygiene of the child. The majority of the courses and texts in general and educational psychology and sociology remain firmly theoretical, academic and uncontaminated by any of the dynamic or functional approaches to personality development, mental health, child guidance and social problems. Analysis of the courses offered in the regular and summer sessions in teacher training institutions shows that extremely few are concerned with the modern sciences of human behavior and personality. Educational organization, administration, school subjects and traditional teaching techniques still heavily dominate in the courses offered. While a few institutions operate a psychological testing service for limited numbers of school children, courses in psychological and educational testing are rarely on the required list for all student teachers. So far as is known, not one teacher training institution has a full-time child guidance clinic for use in the teaching and field work training of students and in educational research. The only attention usually paid to such indispensable subjects for teachers as mental hygiene, personality development and child guidance consists of a few pages and perhaps a lecture or two on the general subject, as part of the text and course on hygiene.

The needs of teacher training institutions have been described by W. Carson Ryan as including "a program that gives more direct attention than is usually given to mental hygiene, in terms of normal growth and development of children, greater emphasis, in existing courses on educational psychology and elsewhere, upon emotional factors and the sciences underlying the understanding of human behavior, close contact with children in child guidance clinic or other observation and training centers; a rich cultural opportunity in the creative arts, and a wholesome social and recreational life in the training institution itself that will help make mental health a part of the everyday experience of those who are to be teachers" What seems to be required is the substitution of clinical and field work experience in child physical and mental health and hygiene, rather than bookish courses given by persons who have had no professional experience in these scientific fields of human development and be-

havior. A far closer integration of the educational institution with the community and its social organization and problems will inject a more realistic element into the training for teachers

So far, mental and personality make-up and adjustment have received extremely little consideration in the formulation of procedures for the selection and admission of students to teacher training institutions and in only a very few is anything being done for the mental health or personality development of student teachers

Many of the problems and difficulties in guidance and teaching programs will be eliminated when courses for teacher training are more up-to-date and give a more adequate preparation for understanding human personality and behavior, the homes and communities from pupils come and the social problems which affect their lives. The prevalence of physical, nervous and mental breakdowns among teachers in service indicates the great need for more effective attention in teacher training institutions to the physical, personality and mental health factors in the selection, guidance and training of teachers.

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SEX GUIDANCE

By

FRED MCKINNEY

INTRODUCTION

Meaning of sex guidance. We guide a child if we place him in a certain school, teach him specific skills, indoctrinate him with definite standards, answer his questions, or change his home environment or his associates. We guide him if we surround him with a background or teach him methods which will predispose him to solve his problems for himself in an effective manner. In educational, medical, and social service circles the term "guidance" refers to a *planned* influence that produces in the individual a repertoire of habits and attitudes which allow him to adjust *continuously* to the environments which do and will confront him.

We guide a child's sexual development when we build habits and attitudes toward himself, his own and opposite sex which will predispose him to behave in a manner delineated by the *conventions* of our society. This guidance involves a broad program. It includes (1) instruction of parents so that they may be able to answer children's questions intelligently and effectively, imbue them with ideals, and prevent the problems which may arise in sexual development; (2) training of teachers to present biological facts in a meaningful, wholesome manner and to treat sex problems in such a way as to promote personality integration, (3) cognizance by school administrators of the importance of a salubrious extra-curricular program and a program for the inculcation of functioning ideals which serves every individual in the school. These adults who are directly responsible for the guidance of the child should be aware that a happy, active, integrated child and adolescent provides poor soil for the growth of sexual problems. The program includes *group* and *individual* methods of approach and *preventive* and *remedial* education.

Organization of this chapter. The professional worker with responsibility in this field must not merely be equipped with a list of solutions to the problems that arise. He must, as a background to the study of specific sex problems, see the individual as a total organism functioning in a complex social milieu.

Tom, an adolescent, will behave differently toward girls if he plays regularly with a team of busy, successful, idealistic basketball players than if he is a dissatisfied

nobody, spending most of his time lounging at a soft drink establishment with fellows who respect most the one who can tell the dirtiest story

Sex is merely one aspect of emotional life. It cannot be isolated from the *total personality*.

This chapter seeks to state only the essence of this broader knowledge bearing upon guidance of sex behavior. These facts and principles emanate from biology, psychology, psychiatry and sociology. The bibliographies in the articles and books cited in the references of this article furnish the reader with a more detailed knowledge of the field. This chapter is organized in a manner to give the reader a picture of (1) the *organic* basis of the sex drive as well as (2) the many developmental factors of a *social* nature which condition sex behavior. With this background, (3) *problems* are discussed and interpreted as aspects in the total development of personality. Finally, suggestions are made regarding (4) educational *preventive* measures which are largely of a group character. *Goals of sex guidance* What are the specific goals of sex guidance? To what degree are they arbitrary standards, and to what extent are they dictated by biological and social pressures? The guidance worker must start his activities with a definite conviction regarding clearly conceived goals. He must know the processes which lead to them and the hazards to avoid. Let us seek to establish these goals.

Variations in sex mores in different cultures. We must frankly face the fact that the *specific forms* which sex mores take vary widely the world over. It is important to note that *some standard always exists*, however different it may be from our western forms.¹ Premarital chastity in some groups is prized; other groups are indifferent to it. The attitude toward the exposure of the body, children's sex play and other behavior which we regard significantly varies with geography. That which is sexually stimulating in one culture has little sex value in another. Our ideal of romantic love was and is unimportant to some cultures. Nevertheless this principle cannot be too strongly impressed upon American youths struggling for sex standards. *the prevalence of certain sex patterns in a culture foreign to our own cannot justify our acceptance of these patterns if we wish to adjust to the culture in which we live.*

Variations in sex behavior in America. Whereas considerable public agreement can be found regarding sex mores in America, the degree to which chastity is idealized varies in localities and among groups.² There are individuals who have broken with society and represent a small minority, as for example, prostitutes, homosexuals, and free-love advocates. Then there are individuals of few ideals who are "on the make" and are quite promiscuous. Roughly, 21 per-

¹Klineberg, O., *Social Psychology*, Holt, New York, 1940, Chapter VI.

Richmond, W. V., *An Introduction to Sex Education*, Farrar and Rinehart, New York, 1934, Chapter III.

²Elliott, M. A., and Merrill, F. E., *Social Disorganization*, Harper, New York, 1934, Chapter VII.

cent of junior and senior college men are promiscuous, according to one study.³ Most of the above-mentioned persons usually select associates who concur with them in the disregard of the sanctioned ideals of society. There are also individuals who outwardly support public opinion but are not strongly convicted of their views. They occasionally break away from the standards of society. These represent about 28 percent of college men. Finally, there are 48 percent of junior and senior college men who never have had sex relations with women. Some of this group are integrated by positive ideals. Others represent another extreme from the promiscuous. They are so anxious lest they violate sex standards that they build defenses and escapes so as not to face sex.

Statistics for junior and senior college women seem to show greater idealism; 75 percent are virgins and only 12 percent promiscuous. Three percent of these are extremely promiscuous.

Cold statistics rarely give a true total picture. To say that 21 percent of college men and 12 percent of college women are promiscuous and to fail to add the following is to be misleading. Many of the promiscuous group suffer mental conflict and disillusionment, develop callousness, must undergo abortions with the attendant anxiety, fear the likelihood of contracting venereal disease, and evade entangling alliances.⁴

The guidance worker must realize that the above-described variations in attitudes exist and whereas he guides in terms of prevailing convention, the attitudes and habits of the individual with whom he is dealing must be known and taken into account in helping that individual to adjust.

Commonly accepted sex goals. Among sex standards the following are quite generally endorsed in our culture as goals toward which we should strive: *A happy marriage, a well adjusted, unified, and balanced personality, a wholesome enrichment of emotions, and chastity.* These are ideals toward which we may guide the child. Hazards from which the child should be directed are: *Sex perversion, criminal offenses, divorce, serious mental problems or diseases, social ostracism, and extreme unhappiness.*

³Bromley, D D, and Britten, F H, *Youth and Sex A Study of 1300 College Students*, Harper, New York, 1938.

"The matter of proper selection of cases always arises in studies such as these. It is difficult to know whether these percentages are representative."

⁴The use of statistics such as these in lay groups is often ill advised. Sex radicals and those who are promiscuous seek for statistics and logic to resolve their conflicts. The following quotation is typical.

"I believe that at least seventy-five percent of college girls are not virgins. I am not one myself. I want to give you our point of view. . . . We believe that the desire for intercourse is a natural, normal, healthy instinct. In our studies of the social sciences, we have seen disastrous consequences in the lives of many people because of incomplete and unsatisfactory social adjustment. . . . The danger of becoming pregnant does not frighten us any more than the idea that we may someday be in a train accident. Psychological statistics show that when the man and woman have had intercourse with other persons before marriage, there is a better chance that the marriage will be a successful one. . . . Most undergraduates consider the present situation ideal."⁵

These statements are interesting because there are carefully collected, objective data on almost every assertion made by this girl which show that her statements are fallacious. Her desire to believe what will console her has caused her to imagine and to select fragmentary, erroneous statistics, and to support them vehemently.

Basis for sex goals. Professional workers are trained in the scientific attitude of suspended judgment and restraint in making evaluations. They strive to stand on firm ground when they seek to guide the lives of others in terms of somewhat fixed goals. They must feel confident not only of the validity of the goals but also the methods used to reach them.

Today we can be more confident of the guides we use in the achievement of our goals because of the many systematic and comprehensive empirical studies available to us. We also are cognizant of the daily events which objective studies show will lead toward and away from these goals. We rely less on the armchair speculation which is usually colored by subjective evaluation. No longer will anyone in the guise of a guidance worker prohibit all social dancing because it arouses young people sexually. Nor will masturbation be viewed and interpreted to the adolescent or child as an indication of degeneration. Positive forms of motivation such as self-respect, love of a high-type member of the opposite sex, membership in a desirable group will be offered to the youth. The horrors of syphilis, the disgrace of illegitimacy, and incidentally, the alienating and threatening manner of presentation often used are less popular motivating factors in guidance. Negative motivation stressing the possibilities of disease, loss of reputation, remorse, disgust of crudities and the sordidness of some sex episodes will be used intelligently as a means of showing the reality of unchastity, but positive motivation will be emphasized.

From what studies do these empirical guides emanate? Systematic studies are available on the happy marriage, sex in development, the personality traits associated with masculinity and femininity, sex and temperament in different primitive groups, prostitution, illegitimacy, masturbation and perversions. In many cases statistical differences have been computed for the factors influencing the childhood of groups with varied sex attitudes and behavior. From such studies the guidance worker obtains recommendations regarding attitudes and practices which he can make with confidence to the average individual. Unfortunately, much objective, factual knowledge is still lacking and the guidance worker must continually refer to the periodical literature. Throughout this chapter *clinical experience* is used to substantiate tentative generalizations in the absence of more thorough studies.

BIOLOGICAL DETERMINANTS OF SEX DEVELOPMENT

Basis of sex drive. Sex behavior has a definite organic basis. The sex drive has been measured in animals and related to the presence or absence of hormones secreted by the gonads. These gonads have been ablated by castrating the animal and the sex drive has dwindled.⁶ Injection of hormones (testosterone propionate) into castrated rats, on the other hand, caused them to begin copulation when placed with receptive females.⁷

⁶Stone, C. P., "Sex Drive," in Allen, E., et al., *Sex and Internal Secretions* Williams and Wilkins, Baltimore, 1939, Chapter XXIII

⁷Shapiro, H. A., "Effect of Testosterone Propionate on Mating," *Nature*, 139, 588.

The relation between behavior and sex glands is shown in the case of a 27-year-old medical student. This individual's general body make-up and sex organs resembled those of a man who had been castrated before puberty. He had experienced infrequent erections but had never ejaculated. He was treated with a synthetic male hormone and mental and physical virility appeared. He was capable of sexual intercourse only as long as this treatment was continued.⁸

Not only is the emergence of the sex drive related to the action of the hormones from endocrine glands but the development of sex organs and secondary physical sex characteristics (including hair pattern, voice quality, hip and breast development) also seem to depend upon internal secretions. Animal experimentation gives evidence for this as well as studies of *pre-pubertal castrates*. When a boy has been castrated before puberty, the penis, seminal vesicles and vas deferens fail to grow further. Distribution of hair on the body varies from that on the normal youth. The beard, for example, does not develop, hair is scanty in the arm pits, and is limited in upward growth on the lower abdomen. The voice remains high and breasts seem to develop. The latter is actually an increase in fat. If a girl has been castrated, the development of characteristics associated with sex is arrested. These characteristics include development of breasts, hair patterns, voice, and the functions of menstruation, pregnancy and lactation. This shows the importance of the sex glands and their hormones in the development of external male and female characteristics.

Before we leave this subject it must be made clear that once the individual has developed to *physical maturity*, castration does not seem to produce the same effects. Of 220 men during the first World War whose injuries resulted in castration, 165 married and the majority reported sex urge and potency, however diminished.⁹ There is one case of a young man who was castrated at 25 years who reported nine years later to have been married and have lived a satisfactory life entailing sexual intercourse.¹⁰ Another study reports erection and ability to have coitus ten years after castration.¹¹ Usually the individual leads a quieter life after castration. There is lack of agreement on the extent of disability after castration. This is the result of the fact that objective criteria of physical changes have not been well studied and because individuals differ in their reactions to the operation.

Data collected concerning women after menopause show that sexual desire does not halt at this period of life. Eighty-five percent of women pass through this phase without interrupting their daily routine.¹² Some adult women cas-

⁸Hamilton, J. B. "Treatment of Sexual Underdevelopment with Synthetic Male Hormone Substance." *Endocrinology*, 21, 649.

⁹Lange, J., "Kastration vom Standpunkt des Psychiaters." *Med. Klin.*, 1934, 30, 1081.

¹⁰Rowe, A. W. and Lawrence, C. H., "Studies of Endocrine Glands IV. Male and Female Gonads," *Endocrinology*, 1928, 12, 591.

¹¹Hackheld, A. W., "Über die Kastration bei vierzig sexuell Abnormen." *Monatschr. f. Psychiat. Neurol.*, 1933, 87, 1.

¹²Pratt, J. P., "Sex Functions in Man," in Allen, E., et al., *Sex and Internal Secretions*, Williams and Wilkins, Baltimore, 1939, Chapter XXIV.

trates state that sex desire and orgasm (experience of voluptuous sensations) are unchanged, others report gradual diminution of both.¹³ There is evidence that in the diencephalon (of the brain stem) there are localized the nervous mechanisms associated with copulation. Injury in this region has resulted in partial or complete loss of sex potency.¹⁴

Relationship of anatomical structure to behavior. We must not generalize from anatomical structure to psychological function. Although the growth of male and female anatomical and physiological characteristics can be related to the development and functioning of the testes and ovaries, all the traits that we consider masculine and feminine are not wholly determined by biological factors. Masculinity and femininity in both men and women are the result of physical structure, biochemistry, and the many environmental influences that mold habits and attitudes.¹⁵ Feral men (those never exposed to other humans and frequently found with animals) lack interest in sex matters and merely show restlessness. This gives evidence of the importance of social conditioning in human sex life.

Every individual possesses the rudiments of the opposite sex physically and it is easy to see how he can acquire the habits and attitudes of the other sex. Mixed combinations of primary sex organs (penis, testes, vagina and ovaries) have been reported as existing only several times. Admixtures of secondary sex characteristics are very common. Male breast and hair patterns are found in the female, and vice versa.¹⁶ The state in which they are found is very important in determining their influence. Interestingly enough, those men with abundant body hair or wide shoulders are not necessarily the most masculine minded.¹⁷ Homosexual men who were studied, on the other hand, were not necessarily effeminate in body build.¹⁸

At our present stage of knowledge it appears that except for the rare extreme abnormal cases of physical deviation, the environmental factors are most important from the viewpoint of the guidance worker. However the professional guidance worker must remain alert to the publications of the endocrinologists who are constantly working on assays of the blood and urine for evidence of characteristically male and female hormones which differ from each other chemically.

Summary. Anatomical features associated with sex activity, secondary sex characteristics, and sex behavior are related to the development and normal func-

¹³Stone, C. P., op. cit.

¹⁴Stier, E., "Disturbances of Sexual Functions through Head Trauma," *Dtsch. med. Wschr.*, Jan 28, reviewed in *J. Nerv. Ment. Dis.*, 1938, 88, 714-715.

¹⁵Terman, L. M., and Miles, C. C., et al., *Sex and Personality*, McGraw-Hill, 1936, Chapter V.

¹⁶Pratt, J. P., op. cit.

¹⁷Gilkinson, H., "Masculine Temperament and Secondary Sex Characteristics: A Study of the Relationship Between Psychological and Physical Measures of Masculinity," *Genet. Psychol. Mono.*, 1937, 19, 105-154.

¹⁸Wortis, J., "A Note on the Body Build of the Male Homosexual," *Amer. J. Psychiat.*, 1937, 93, 1121-1125.

Terman, L. M. and Miles, C. C., et al., op. cit.

tioning of the sex hormones. Once the human being has developed normally to maturity, the loss of the sex glands does not necessarily completely impair his sex behavior. Individuals differ in the degree of this impairment after castration. Masculinity and femininity cannot at present be explained primarily on the basis of physical differences. The *direction* that the physically determined sex drive assumes must be explained in terms of the multitude of environmental factors affecting human development. The crude sex urge is a far cry from the romantic attraction a woman has for a certain man "who is like no other man I have ever known or will ever meet."

PSYCHOLOGICAL DETERMINANTS OF SEX DEVELOPMENT

Introduction. Whereas the biological determinants of sex development are largely diffuse and roughly similar for all individuals, psychological factors affecting the development of an individual's love life are specific and highly individual. Lust, love, and milder affections are related to one another and are an aspect of a larger individual personality. In this discussion of the development of the individual sex and love life we shall not separate non-lustful attractions from physical sex urges because often they are fused in later life and one might unconsciously influence the other.

Below are listed the factors which present evidence names as most influential in the development of our affections.

1. Basic affection and its general course
2. Early parental and adult influences
 - a. Early association with parents and adults
 - b. Attitudes of and toward parents
 - c. Sex attitudes of parents and sex education given the child
3. Childhood and adolescent playmates and friends
 - a. Early play
 - b. Child and adolescent social and self impressions
4. Mores and folkways of the individual's groups
5. Romantic experiences and courtship
6. Personal experiences and problems
 - a. Childhood sex experiences
 - b. Daydreams
 - c. Fears and anxieties about sex
 - d. Masturbation
 - e. Crushes
 - f. Petting and promiscuity

Basic affections—general and individual. Most of us desire to receive and give affection. This begins early in childhood. The *organic basis* and background for early fundamental affection can be understood in terms of the sensations that arise from petting, cuddling, kissing, from the effects of the satisfaction of body needs such as hunger, thirst, and temperature regulation. The baby coos, gurgles, vocalizes, kicks and plays friskily after his wants are satisfied. Much of this may be sheer pleasant organic vigor, but this feeling of well being is *associated* with the parent, the home, his food, his own body, and familiar play objects. These people and objects later direct his affections.

The importance of early affection shown toward the child, and the feeling of security it seems to give the child is emphasized in many case studies. Successful treatment of "problem" children has been found to be much more probable if they enjoy the full affection of their parents.¹⁹

In addition to general human tendencies to feel affectionate, there are individual differences that appear early. Very young babies differ in temperament and activity. They are not alike in the affective behavior they show to others. Some are pleasant, smile and laugh readily, others are more cross and irritable. The extent to which these traits remain constant throughout life is not yet established.²⁰ If these early traits are an expression of basic structure or chemique, then they are probably masked by contrary habits if they do not remain constant throughout life. Certainly the older children differ in their characteristic affections and desire for affection, due probably to both basic temperament and past experiences.²¹ These hypothetical experiences probably include early health, routine treatment, affection shown by parents, and degree of thwarting during early development.

As shown previously, these affectionate tendencies are complicated by the endocrinological changes which occur at puberty. Sex urges and genital stimulation greatly augment the previous less tumultuous affectionate tendencies. The pubic changes should be regarded as merely coloring and emphasizing existing personality traits. These traits have grown from a complex of previous experiences among which are aversions, attractions, disgust, taboos, self-respect, self-abasement, and breadth or narrowness of interest.

Affection at different stages of early development. The baby's early experiences predominate around his physiological needs and his body sensations. Distant events or persons have little meaning or appeal.

Later the child's attention includes the source of his food and comfort—his mother and persons around him. The father and other human sources of excitement loom more important when they play with him as a larger baby and a young child. Seventy percent of the boys studied in one investigation named mother as a favorite and 22 percent named father. Girls responded similarly, mother being named by 61 percent, father by 28.²²

The allegiance changes from parents to members of the same sex prior to pubescence. At this time boys are learning out-of-doors skills, enjoying greater freedom from parental restraint, and adventuring with Scout activities, athletics and hobbies. Their own sex and age group are the most enjoyable companions. This pattern is upset only by an over-cautious, possessive, or protective parent

¹⁹Witmer, H. L., et al. *The Outcome of Treatment in a Child Guidance Clinic, a Comparison and an Evaluation*. Smith Coll. Stud. Soc. Work, Northampton, 1933, 3, 339-399.

²⁰Bonham, M. A., and Sargent, M., "A Study of the Development of Personality Traits in Children Twenty-Four and Thirty Months of Age," in Murphy, G. and Murphy, L., *Experimental Social Psychology*, Harper, New York, 1931, pp. 209-213.

²¹Allport, G. W., *Personality*, Holt, New York, 1937, Chapter IV.

²²Simpson, M., *Parent Preferences of Young Children*, Teach. Coll. Contrib. to Educ., Columbia University, New York, 1935, 652.

who does not permit or encourage the child to play with his own age and sex group. In some cases physical frailty may be a factor which motivates the child to seek the parent or older or younger children as companions. Some even shun human companionship for books and solitary hobbies. Sometimes, during this stage there is a disaffection for the opposite sex. Of over 300 college students studied, 54 percent could recall a distaste for the opposite sex.²³

At adolescence there is a definite interest in the opposite sex which usually becomes romantic in nature. The age of 12½ years is the average at which boys begin to be conscious of sex.²⁴ The statistical peak for love affairs is between 13 and 21 years of age.²⁵

We shall see presently that the child's interests at these periods mentioned above are important in determining in part the kind of sex life he will lead later.

Early parental and adult influences. Home background. One criterion for an adequate sex development is happiness in marriage. This has been well studied. Throughout the chapter we shall refer to the relationship of various factors and happiness in marriage.

The following aspects of the family are totally unrelated to happiness in marriage, and thus probably affect sex development mildly: occupation of family,* amount of religious training, order of birth of child, and number of opposite sex siblings in the family.²⁵

More important background factors which influence marital happiness and therefore reflect upon sex development are: The amount of schooling, the *happiness of parents* and the *happiness of the child*. These latter factors are among the most important in the prediction of later marital happiness.

Studies of delinquent girls, unmarried mothers, and prostitutes have thrown into relief the importance of the *economic and social background* of the home, when it is in the very low brackets, for example, those homes in wretched industrial sections of cities and towns. Of one group of 203 delinquent girls, 103 were from "broken" and impecunious homes, resulting in lack of supervision; 56.3 percent of the girls were from homes in which either one or both of the parents were "immoral." Others of the parents were classified as "shiftless," "incompetent," and "slovenly." Another factor which added to the girls' delinquency was low mentality without guidance.²⁶

²³Conklin, E. S., *Principles of Adolescent Psychology* Holt, New York, 1935, p. 261.

²⁴Hughes, W., "Sex Experiences of Boyhood," *J. Soc. Hygiene*, 1926, 12, 262-273.

²⁵Hamilton, G. V., and Macgowan, K., "Marriage and Love Affairs," *Harpers*, 1928, 157, 277-287.

*Income of the family was found insignificant, but there were few in this study from the lower economic groups.

²⁶Terman, L. M., et al., *Psychological Factors in Marital Happiness* McGraw-Hill, New York, 1938.

²⁷Elliott, M. A., *Correctional Education and the Delinquent Girl* Department of Welfare, Commonwealth of Pennsylvania Harrisburg 1929.

There are some cases in which a good background has a negative effect, particularly when the individual feels that she has fallen so below her family standards she can never redeem herself.²⁷

Attitudes of and toward parents. If the parent is *firm* (but not harsh) in discipline rather than being lax, irregular or excessively strict, the child will probably make a happy adjustment in marriage. Absence of conflict with one's mother is a factor which is related to later marital happiness. The attractiveness of the opposite sex parent is important, and if the individual chooses a spouse similar in personality to that of this parent his chance for a happy marriage is great. In fact, strong attachment to either parent is markedly favorable to happiness.²⁸

A study which throws interesting light on the whole problem of the relationship of parental attitudes toward later sex development is one dealing with 18 male homosexuals. In no case was the father the preferred parent.²⁹ Twenty-two percent of unselected boys prefer their fathers as compared with none in this study. In eight cases the relationship to the mother was close or intimate, and in no case was it distant or casual. Five of the boys had been treated as girls by their mothers. The whole pattern is a *rejection of the child by the father*, together with an *over-protective attitude on the part of the mother*.

Sex education There is considerable empirical evidence available today to indicate what is effective and what is poor sex education, in terms of later marital happiness. Much of this throws light on the effect of sex education on the total development of the individual. The *attitude* the parent assumes when the child shows sex curiosity is highly important. Children who are rebuffed, lied to, or punished for sex curiosity are definitely less happy in later marriage. A frank and encouraging attitude accompanying a brief answer to questions results more often in later happy marriage.

The children who have had adequate or better sex instruction are better spouses later than those who have had none whatsoever. For boys the source of the education is not so important. It may come from the parent, physician, teacher, or other adults. The girl, however, becomes a more happily married woman if she receives instruction from parents or teachers rather than from physicians, other adults, or other children. Girls who learned the origin of babies before the age of six and after the age of sixteen were happier in marriage than others. The growing individual should not acquire a *disgust* or aversion for sex either from parents or from another source. Indifference to the opposite sex before marriage is not detrimental to later happiness. A *passionate longing* for sex in the case of the man is only mildly desirable and is undesirable in the case of the woman.³⁰

²⁷Elliott, M. A., and Merrill, F. A., *op cit.*

²⁸Terman, L. M., et al., *op cit.*

²⁹Terman, L. M., et al., *op cit.*

³⁰Terman, L. M., et al., *op cit.*, Chapter X.

It is interesting that 74 percent of "serious" students and 72 percent of "socially well-adjusted" male students had sex instruction, whereas only 21 percent of students who were "poorly adjusted" or "confused" and 36 percent of students who were "poor in social adjustment" had sex instruction.³¹

Playmates and friends. If we regard the individual as a whole, we realize the importance of an early normal play life which helps to develop in the boy self-respect, confidence, sociality, individuality and masculinity, and in the girl similar character traits and femininity. We get evidence for this from the above-quoted study which emphasizes the importance of happiness in childhood for later happiness in marriage.³² Further evidence grows from a study of case histories of homosexual males, showing their treatment by their mothers.³³ Whereas many children who have acquired habits and attitudes of the opposite sex early in life have not become homosexual because of their later adjustments, it is well to guide the child in the acquisition of confidence in his role as a member of his own sex. A regular fellow and a feminine girl feel themselves to be more likely candidates for the affection of the opposite sex. On a background of inferiority feelings, problems like masturbation, improper sex proposals, vivid sex impulses, sex dreams, and teasing from others about one's sex life all may become magnified until they reach disturbing proportions.

At adolescence and all during youth the matter of status becomes even more important. To this any high school or college teacher can attest, and statistical studies add more evidence. Any factor which enhances the social value of the individual as for example, clothes, luxuries, allowance, attractive car, prestige-bearing relatives or associates, honors in athletics, membership in important groups and the like, effect the ease with which one can approach certain members of the opposite sex. On the other hand, any personal "defect" like acne, abnormal shortness in the boy, abnormal height in the girl, obesity, facial asymmetries, whether these be real or imagined, often makes the individual feel less the desirable boy or girl.³⁴ The youth who dresses and grooms according to the popular pattern of his time is more eligible for attention from the opposite sex.³⁵

Although unpopularity is important in the life of the adolescent, the individual apparently has outlived its effects or adjusted to them by the time of marriage, since the status of adolescent popularity is not related to later marital happiness in the groups studied.³⁶

³¹Angell, R. C., *A Study of Undergraduate Adjustment* University of Chicago Press, Chicago, 1930

³²Terman, L. M., et al., op. cit., Chapter IX.

³³Terman, L. M., and Miles, C. C., et al., op. cit., Chapter XI.

³⁴Hollingsworth, L. S., *The Psychology of the Adolescent* Appleton, New York, 1928 Chapter V. ———, "The Adolescent Child," in C. Murchison, *Handbook of Child Psychology*, Clark Univ. Press, 1933, Chapter XXIII

³⁵Hurlock, E. B., "Motivation in Fashion", *Arch. Psychol.*, 1929, 17, 111.

³⁶Terman, L. M., et al., op. cit.

Mores and folkways of the individual group. We have previously emphasized the cultural nature of sex standards and taboos and that the individual must accept the standards of his group in order to be accepted by the members of the group. Let us consider the groups that affect him.

The first group that assumes importance in the life of the individual is the family. We have seen the importance of family affection and standards. Some parents have succeeded and others have failed in their efforts to imbue their offspring with standards which guide their affections and prevent promiscuity, mental conflicts, and social ostracism. Effective ideals hypothetically *enable sentimental associations to color and guide sex impulses*. The sentiments are intimately related to the diffuse urges of sex and do not exist independently. Integrated with these sentiments is the *knowledge that unhappiness often follows promiscuity*. Effective ideals seem to be associated with a *program of activity* which satisfies many interests and allows the youth to enjoy physical exercise and social contacts.

Whether high standards and a salubrious program of activity are continued after the home is a less forceful factor in the individual's life depends to some extent on the character of his pre-adolescent gangs and adolescent cliques, his intimate associates, and the *adult leaders with whom he comes in contact*. Some sex problems are the result of a conflict between sex standards acquired through different groups.

Romantic experiences and courtship. Romantic attitudes apparently are learned quite young. Forty-five percent of college students say they experienced "puppy love" in grade school.³⁷ Romantic love is a strong aspect of our culture in America. Our literature, movies, songs, co-education, customs of dating, and courting all tend to fixate romantic attitudes toward the opposite sex. This romantic attitude sometimes prevents young people from seeing each other as they really are, and is probably responsible for many divorces. On the other hand, it can help to build ideals. We know that for many individuals the most positive and well integrated emotional experience is a reciprocated physical and mental attraction to a member of the opposite sex. These vivid emotional experiences may not have an immediate or adequate physiological outlet, but they lead to the enrichment of many daily experiences. Merely seeing the loved object and talking with him makes everything else more beautiful. When these individuals have interests in common, and compatible personalities, they enrich each other's emotional life over a long period of time. This emotional experience is probably one of the most vivid and pervasive known to man. Literature affords a more adequate description of the behavior of persons in love than do scientific accounts, even though the novel, short story or play is not realistic.

³⁷Unpublished results collected by author. Technique described in McKinney, F., "Personality Adjustment of College Students as Related to Factors in Personal History," *J. Appl. Psychol.*, 1939, 23, pp. 660-668.

in the sense of depicting with complete accuracy the experiences of the individual.

Courtship, if it consists of many common experiences in which the couples discuss matters, go places, play and work together and discuss cherished ideals, can be a great test of temperamental and attitudinal compatibility. Such a test may prevent a later marital catastrophe.

Women who are mentally ill report more frequently than others that they have *never had a date* with a boy or man. Normal women had significantly more love affairs than abnormal women. There was no difference between the two groups in the number who had had complete sex experience. It is interesting that in both groups, the girls who were the recipients of aggressive sex behavior by boys had gone with fewer boys and had had fewer physical intimacies.³⁸

Personal experiences and problems. Childhood sex experiences. It is clear to one with clinical experience that the *meaningful reaction* to sex experiences is the important characteristic rather than the experience itself. Two children may be seduced. One may regard it as a puzzling experience, discuss it with his parents, and understand the matter calmly because his parents have reacted sensibly and have reduced its emotional importance. The other child may be over-wrought by the strange experience, react to it ambivalently, fearing the consequences for part of the time and reinstating the experience mentally the rest of the time. Or, the experience might be magnified by the emotional explosion which the parents express when they learn of it. Theoretically, the intensity, duration and pervasiveness of the experience, or the day dreams which result from it, are important in determining the role the experience will play in later life. Many case studies indicate how one may brood continually over a punished sex experience. The fact that in certain other cultures the sex play among children upon which we look with horror is accepted as natural and leaves no apparent effect on the child is crucial evidence that the *meaning* of the experience rather than the experience itself is important.³⁹

One aspect of one's inner life is the attitude toward oneself. An exhaustive study has been made of the characteristic masculine and feminine attitudes and behavior and their occurrence in the opposite sex has been established.⁴⁰ The *attitude* the individual had toward his own masculinity or femininity has been less systematically studied. Since "sissiness," "tomboyishness" and homosexuality are taboo in our culture, one should expect masculinity in young women and femininity in young men to produce a strong reaction in the individual himself. It might be speculated that one's entire sex development is influenced by the reaction one has toward his masculinity or femininity in behavior, attitudes, and interests. Some members of both sexes to be sure,

³⁸Landis, C., et al., *Sex in Development*. Hoeber, New York, 1940. Chapter VI.

³⁹Powdermaker, H., *Life in Lesu*. Norton, New York, 1933.

⁴⁰Terman, L. M., and Miles, C. C., et al., *op. cit.*

compensate for personalities of the other sex either by consciously building traits of his own sex or by excellence in those fields in which he shows an initial superiority. Some might constantly suffer conflict and seek members of the opposite sex as a symbol of their sexual attractiveness. It is interesting in this connection that in one study of marriage it was found that the most happily married men were neither extremely masculine nor extremely feminine in personality.⁴¹ Homosexual men, on the other hand, were found to be extremely feminine in interests and attitudes.⁴² It has also been found that a wife who has not "wanted to be a member of the opposite sex" in her early development is more happily married.⁴³

Day dreams. Clinical experience also shows us that children and adolescents day dream about sex experiences. The dreams may be romantic in nature or lustful. The individual may vacillate between reliving a sex episode and remorse and guilt for his acts, or he may experience one of these extreme attitudes alone. Some neurotic adults who have had few sex experiences have admitted living a vivid sex dream life. We might generalize hypothetically from clinical experience and other evidence that those persons who have few interests, hobbies, responsibilities, social activities or participate little in athletics and who have much time for day dreams about sex are among the individuals who have the greatest problems.^{43a}

Fears and anxieties about sex. Anxieties and fears about sex arise as the result of adult training, experiences, or statements by other children. The validity of the fear varies with the social milieu in which the individual lives, and with his behavior. These fears include loss of virility, pregnancy, abortion, venereal disease, insanity, loss of reputation, gossip, lowering of self-esteem, loss of friends, effect on one's position in social life, business and politics, effect on one's family. The effect of these fears varies with the total personality of the individual. "Poorly adjusted" students, for example, reported more often that they experienced disturbingly rapid physical changes than did "well adjusted" students. A "later physical development than average," "strong belief in one's own sinfulness or guilt," "use of adult clothing and toilet later than average," were all more strongly characteristic of the poorly adjusted student.⁴⁴

Masturbation This is defined as self-stimulation of the genitals for sexual satisfaction. The frequency with which it occurs at some time in the life of the individual causes it to be considered a normal, though not a desirable form of behavior. The percentages of individuals who admit masturbation are as

⁴¹Terman, L. M. and Battenweiser, P., "Personality Factors in Marital Compatibility," *J. Soc. Psychol.*, 1935, 6, 267-289

⁴²Terman, L. M., and Miles, C. C., et al., op. cit., Appendix VII

⁴³Terman, L. M., et al., op. cit., Chapter X.

^{43a}Elliott, M. A. and Merrill, F. A., op. cit.

⁴⁴McKinney, F., "Personality Adjustment of College Students as Related to Factors in Personal History," *J. Appl. Psychol.*, 1939, 23, pp. 660-668.

high as 88 for men and 64 for women. It is caused by the persistence into later childhood of a normal tendency to handle genitals. The child usually persists because he is not absorbed with other more interesting activity. Other causes are local irritation of some kind, and learning from others. There is some evidence which indicates that masturbation is found more often in unhappy surroundings.⁴⁵

Our interest in this behavior at this point is in its effect on the developing personality of the individual. Although it was once thought to be harmful, the modern opinion is that it does not lead to mental disorders, that it has no physical ill effect unless carried to excess, but does result in feelings of guilt, disgust with oneself, and loss of self-esteem.⁴⁶ Masturbation is usually a symptom of emotional maladjustment rather than a cause. A study of women indicated that there is no difference between the normal and abnormal in the number who had masturbated at some time, but more individuals from the abnormal group had practiced it excessively (at least once a day) at some period, and had extreme guilt feelings about the practice.

In the case of women there is some evidence that masturbation does not produce relief from nervous tension.⁴⁷ The excessive masturbators were more dependent upon and more closely tied up emotionally with their parents. They were also obsessively interested in all sex matters and less well adjusted to life. Masturbation was not found to lead to frigidity. The practice was discontinued when the individual was more mature in attitude.⁴⁸ One investigator found a smaller percent of married women who admitted masturbation than unmarried.⁴⁹

Crushes It has been found in one investigation that one young woman in five has a crush on another girl, leading to some sort of physical contact between them. More intense emotional attachments between them, with or without physical contact, were experienced by about half of those studied.⁵⁰ Other studies verify the prevalence of crushes among girls, and indicate that they are *usually of a temporary nature* and do not in most cases offer a barrier to later heterosexual attachments. Approximately 3 or 5 percent of these individuals show overt homosexual tendencies. About one-third of one group studied showed some degree of guilt associated with these attachments to other women.

The intense crushes and homosexual tendencies in women cannot be explained on any single basis. The fact that more of the homosexual group resent being women, more have marked preference for one parent, more have experienced pre-pubertal sex explorations or aggressions, and more are inclined to

⁴⁵Louttit, C. M., *Clinical Psychology* Harper, New York, 1936, p. 323.

⁴⁶Louttit, C. M., *ibid*

⁴⁷Davis, K. B., *Factors in the Sex Life of Twenty-Two Hundred Women*, Harper, New York, 1929.

⁴⁸Landis, C., et al., *op cit*, Chapter V

⁴⁹Davis, K. B., *op. cit.*

⁵⁰Davis, K. B., *op cit*

masturbate, emphasizes an environmental basis for the problem. Interestingly enough, the homosexual group had more complete sex experiences than the non-homosexual group. This group also evidenced the male body form more frequently and other physical deviations in slightly greater frequency than did the non-homosexual group. There were many women, however, whose physiques deviated from the feminine who were not homosexual. Further, these deviations may effect the girl indirectly through her success in getting along with boys rather than biologically.⁵¹

Apparently, the crush is much less frequently found in men and seems to be of an entirely different nature. Physical contact is at a minimum and the boy seems to idealize or sublimate his affections in companionship and play rather than to indulge them on the object of his attention. Only 12 percent in a group of college men admitted these affections. However, 69 percent of these men said that they cared more for the society of men than of women, and 58 percent stated that they were influenced in their conduct by what someone whom they admired would do in the same situation.

Obviously, these sentimental affections for the same sex do not have a negative effect, except in extreme cases. They may, as is indicated above, even have a positive effect.⁵² Clinical experience indicates that there is a strong taboo barrier which both sexes must cross for their admiration for the same sex to become homosexuality.

Petting and promiscuity. Roughly, 20 percent of married men and 33 percent of married women say that they have never petted. The rest have petted to varying extents.⁵³ Studies on happiness in marriage indicate that premarital petting in adolescence is found more often in the cases of unhappily married individuals than in those of happily married persons. In one study there is evidence to indicate that the non-petter during the high school years has a much better chance of getting married than the petter. Frequently girls pet because they think this is one way to find a mate.⁵⁴

We have previously indicated the frequency of promiscuity and sexual intercourse out of wedlock. The studies dealing with marriage indicate that there are more frequent incidents of sexual intercourse before marriage among the unhappily married couples than among the happily married.⁵⁵ Women who were mentally ill reacted more strongly with guilt feelings to sex intimacies than the normal individual, again indicating that the *emotional reaction* to sex behavior rather than the act itself is most important in evaluating the effect upon the individual's personality development.

⁵¹Landis, C., et al., op. cit.

⁵²Peck, M. W., and Wells, F. L., "Further Studies in Psychosexuality of College Graduate Men." *Mental Hygiene*, 1925, 9, pp. 502-520

⁵³Terman, L. M., et al., op. cit., p. 256

⁵⁴Davis, K. B., op. cit.

⁵⁵Davis, K. B., op. cit.

⁵⁶Terman, L. M., et al., op. cit., Chapter XII.

⁵⁷Hamilton, G. S., and Macgowan, K., *What is Wrong with Marriage?* Bont, New York, 1929.

Summary. Conventional sex development is related to the stability of the family background, to the frankness and calm with which sex instruction is given, to the happiness of the child in the home and in social contacts, to self impressions and the extent of subjective preoccupation with sex.

PROBLEMS REQUIRING INDIVIDUAL GUIDANCE

Introduction. We have traced up to the present the biological factors which influence sex development. Upon that background we have superimposed the many psychological experiences which mold and condition these general biological urges. Let us now turn to an application of the above knowledge to problems that are met daily.

Although generalizations will be made concerning the treatment of these problems, we recognize that in most cases the readjustment of personality is an *individual* matter. It will often require the skill of a qualified, experienced, and certified counselor. This counselor will have a background of knowledge and experience about human nature which will enable him to use the principles similar to those reviewed here to help John, Mary, or Bill to utilize his own traits and environment in adjusting to his sex problem. There are some cases that have passed the pale of normality and need hospitalization or the treatment of a competent psychiatrist or clinical psychologist who can assume legal and moral responsibility for them.

The problems will be discussed in the order in which they appear in the life of the individual. To avoid repetition, let us here emphasize important principles that have arisen from the above-reviewed studies and which will be illustrated specifically below:

1. Satisfy the child's *curiosity*. Let him learn about sex through unemotional discussion with adults and through supervised experiences.
2. Allow him to satisfy his *basic desires* for success, adventure, security, recognition and affection by a stable home life and an absorbing play situation. Look to his environment and seek to change it if it is inadequate.
3. Refrain from emphasizing sex and establishing strong *guilt* attitudes by excessive punishment, *disgust*, or *fear* associations; guide his behavior instead by redirection of interests.
4. It is important that the individual be less dominated by his *own feelings* and become absorbed by hobbies and by other people.

Children's questions. The first "sex problem" with which the parent is confronted is that of answering best the questions which the wholesome, alert child asks. These questions are about the origin of babies, the coming of a new baby, intrauterine growth, the processes of birth, organs and their functions, physical sex differences, the father's part in reproduction, marriage, and similar occurrences.⁵⁶ There is general agreement among workers in this field that

⁵⁶Hattendorf, K. W., "A Home Program for Mothers in Sex Education," in *Researches in Parent Education I*, University of Iowa Studies in Child Welfare University of Iowa, Iowa City, 1932, Vol. VI, pp. 9-92.

these questions should be answered truthfully, simply, and calmly by the parents in the home situation. The answers to the questions may well be given naturally whenever the matter arises, even before the child asks questions. The information should not be given before it can be comprehended, however. It is well to make use of incidents in everyday life in giving the instruction. There is evidence to show that the formulation of the answers in highly sentimental, irrelevant language as, "God let a little seed grow under the mother's heart," "Babies come from fairyland," is ineffective.⁵⁷ Supplementary to the program of verbal education, the children should be allowed to see the parents undressed while bathing or they may bathe together under supervision so they can perceive human anatomical differences. This can occur naturally in the home situation and should prevent some curiosity. Seminal emissions and menstruation should be explained to the child of the appropriate sex before it first occurs.

An example of an incident of a mother instructing her son of seven is given below:

Boy, "Well, how did I ever start?"

Mother, "In Daddy's testicles there are little sperms which are able to pass up a long tiny tube and out through the penis. Some of these went into Mother's vagina, the opening to the uterus where a baby grows and there one united with a tiny egg in mother. Then the egg began to grow into a baby and that is how you started."

Boy, "But how do these sperms get up into you, Mother?"

Mother: "Daddy had to place his penis against Mother's vagina so they could pass to the uterus."⁵⁸

Vulgar language. The second "problem" that the parent meets is that of "dirty talk." The child brings home a sex word picked up in the street and either uses it or asks the parent about it. There is evidence that punishment merely worries the child and does not prevent the repetition of such language or sex play.⁵⁹ The parent can anticipate this problem by giving a child an adequate vocabulary in a natural, casual manner while he is growing up. The parent can begin by naming the parts of anatomy correctly when the child first shows interest. Such terms as "penis," "vagina," "anus," "urination," "defecation," "sexual intercourse," "sperm," "ovum," may well be taught in answer to the child's natural questions. Then when the child uses a taboo word he can be taught that it is not the correct word and be reminded of the correct one. It might be pointed out to the child that some children use these words because they do not understand thoroughly the meaning of them and have never been taught the correct word by the parent. The child can be told that if he has a real reason to use the word he may, but that it is silly for boys and girls to use and laugh about the words, when there is nothing really funny. The child will usually understand this logic and agree.

Any aspect of sex education by parents is improved considerably if all the parents whose children play together agree on their treatment of the subject.

⁵⁷Landis, C., et al., op. cit., Chapter XVIII.

⁵⁸Hattendorf, K. W., op. cit., p. 224

⁵⁹Landis, C., et al., op. cit., Chapter XVIII.

The *books* which mothers find most helpful in educating their children about sex are listed below in the order of preference.

de Schweinitz, Karl, *Growing Up: The Story of How We Became Alive, are Born and Grow Up* Macmillan, New York, 1928

Groves, E R & Groves, G H., *Wholesome Childhood*, Houghton Mifflin, Boston, 1924

Galloway, T W., *Biology of Sex for Parents and Teachers*, Rev ed Heath, Boston, 1922.

Gruenberg, B C., *Parents and Sex Education I. For Parents of Children Under School Age*. American Social Hygiene Association, 1923.

Blount, R E., *Health as a Heritage* Allyn & Bacon, 1924.

Pamphlets which were found most helpful

Gilman, C C., *Early Sex Education in the Home When? How? What?* Minneapolis Women's Co operative Alliance, Inc., 1930

U S Public Health Service, *The Wonderful Story of Life A father's talks with his little son regarding life and its reproduction*. Washington, Government Printing Office, 1921

Dennett, M. W., *The Sex Side of Life: An explanation for young people* New York: The Author, 81 Singer Street, Astoria, Long Island, 1919

Gavit J P., "Some Information for Mother" How one man answered the questions of a child about reproduction New York: American Social Hygiene Association, 1914

Gruenberg, S. M., *Health Training of the Pre-School Child Studies in Child Training, Series 1, No 8*. New York Child Study Association of America, 1928

The method suggested for guiding children who draw "vulgar pictures" is similar to that described above. Should vulgar pictures be found, the parent might confront the child calmly and firmly in this manner:

"I happened to notice this picture and thought you might be interested in some better diagrams of the anatomy of humans and its functioning." Then the parent might refer to the diagrams in a book like Richmond's "An Introduction to Sex Education," or in a pamphlet like Dennett's "The Sex Side of Life."⁶⁰ He might continue "Matters like this we discuss only within the family. There are certain conventions or rules which we must all obey, otherwise many of the people we like best will not want to associate with us. One of these conventions concerns discussing sex matters outside of one's family. You may come to Daddy or Mother to discuss the matter whenever you wish, but if you disobey this convention or rule, you can expect punishment at school, punishment at home, and to be shunned by the better reared children."

Masturbation. We shall divide the problem of masturbation into two problems: autoerotic practices in the *young child*, and masturbation *after puberty*. The young child masturbates because he has discovered the pleasurable sensations that result from stimulating his genitals. This does not result in an orgasm. If he is unemotionally directed to other interests, the masturbation will diminish. If on the other hand, he is scolded and taught to feel guilty, this guilt may extend over a period of time without checking the masturbation.⁶¹

The young child who is manipulating his genitals might be offered a toy as a means of diverting his attention. Suggestion might be used as: "Big boys do not pick their noses, suck their fingers, or play with their genitals. It is more fun to play with toys." In no case should the punishment for this be any more severe or accompanied by any different attitude than the punishment for any other disobedience.

After adolescence, masturbation becomes a slightly different problem, but again it is a reflection of the background in which the individual lives. Case

⁶⁰Richmond, W. V., op. cit.

Dennett, M. W., *The Sex Side of Life: An explanation for young people*. New York: The Author, 81 Singer Street, Astoria, Long Island, 1919.

⁶¹Landis, C., et al., op. cit., Chapter XVIII.

studies show that youths do not masturbate as often when they have wholesome dates with the opposite sex, are respected by their fellows, are kept busy with athletics and creative activities, and are surrounded to the minimum by influences which arouse sex.

Suggestions for curbing masturbation.

1. The individual should be taught to see the habit in perspective. It does not help him to regard himself as a queer, abnormal person. It is better that he see himself as behaving as many other persons have behaved at one time in their lives. To be sure, his behavior is immature, hardly befits a healthy young man, and his energies must be redirected.

2. Examine objectively the behavior that has developed from the habit. In the case of the older youth, masturbation has often produced self-consciousness, worry, loss of self esteem, and the like. He should see these as the results of masturbation and not as an intrinsic part of his personality that cannot be changed.

3. Emphasis should be placed on social and physical activity with his own sex, so that he might gain their friendship and respect. The individual should be guided into extra-curricular activities. He should be encouraged to play his hobbies for all they are worth and to achieve recognition through them. He should have numerous interests of an absorbing nature.

4. Participation in social activities with members of the opposite sex should be encouraged. The older adolescent should learn how to act on a date, should try to achieve status with persons of the opposite sex. He should know how to dress, and dance and should master the niceties of etiquette.

5. The individual should be encouraged to exert a *moderate* effort to overcome the practice. He should guide rather than fight his impulses. A frenzied fight with the habit may create more problems than it solves and produce symptoms that are less desirable than masturbation. The youth should be encouraged to attack the problem with indirect methods. He should be encouraged to enjoy many energetic activities which will compete effectively with a tendency to masturbate.

6. This and the two following suggestions are means of *direct* guidance of impulses. They should be used, but the individual should not enslave himself by them. He should have *indirect* outlets for his energy also. The youth should have numerous strong motives for changing his behavior and he should *associate* these with the behavior. He might jot down all the reasons why he wants to *refrain* from the practice. As he reviews them he should recall the events which lead to the behavior, and thereby associate in his mind these strong reasons with early stimuli.

7. He should control events leading to masturbation by use of the association process. First he can avoid all events and stimuli which lead to masturbation. Another technique consists of associating all events which follow masturbation with the ones which usually precede it—remorse, disgust, loss of face with friends and parents all come to consciousness after the individual has masturbated. If he will associate these vivid, unpleasant experiences with events that precede masturbation, it will aid him to control the practice.

8. He should associate with events leading to masturbation the pleasant impulses which lead to competing activities. As the impulses to masturbate arise, the individual might recall his motives to control the habit and the undesirable experiences that follow. Then he should immediately recall a number of activities which he has previously decided are more interesting, pleasant and desirable than the autoerotic practice. These should be substituted.⁹²

Sex play or perversity. The problems of group masturbation or inspection of one another's sex organs are often due to curiosity and the suggestions regarding parental approach and attitude given in connection with "Children's Questions" and "Vulgar Language" apply here. The conventional standards discussed in our treatment of "heterosexual problems" should be put in children's language. They should be told of the love of, and marriage to a member of the opposite sex as preliminary to sex contact. They should be unemotionally told of the consequence of unconventionality.

Sex play before puberty cannot compete with active, approved, non-clandestine games. Should the parent become over-emotional, shocked, threaten the

⁹²McKinney, F., *The Psychology of Personal Adjustment*. Wiley, New York, 1941. pp. 369-376.

child with insanity, castration, or some other dire consequences, the child may be irreparably harmed by the intimidation.

A more serious problem is that of seduction by an adult. Again, the matter should be discussed calmly with the child. It should be shown to him that the adult is abnormal, needs help and then intelligent, calm steps should be taken to make sure that the adult does not attempt to seduce any other children. If the adult is an inveterate pervert, he should be hospitalized or referred for psychiatric treatment.

Homosexuality. Early sex play of a homosexual nature should not be regarded as true homosexuality. However, the adolescent who shows a predominant interest in members of his own sex is usually the result of a developmental process extending over years, as indicated before. The factors mentioned in connection with the other problems are relevant here. The adolescent who is engaged in wholesome activities which enhance his status and satisfy his basic motivation is less likely to have a serious problem. Emancipation from his parents is important. It must be learned whether this problem is found in an otherwise normal individual or whether the youth is neurotic or pre-psychotic. Many cases will require psychiatric care.

Practically all of the suggestions given previously as suggestions for dealing with "masturbation" apply here. They should be read again with the problem of homosexuality in mind. These additional suggestions may be offered

- 1 The individual should understand the taboo against homosexuality. He should see that it rarely leads to a stable relationship between two individuals and that our society has no accepted place for the homosexual. This is best appreciated when he is *included* in a normal group.

- 2 He should appreciate that he is young, still highly susceptible to change in personality, and that over a period of years, under the above regime, his attitude will change. He should realize that many individuals who have had crushes on members of their own sex in adolescence have later experienced a normal marital adjustment.

- 3 He must be willing to work out with a counselor a program which will involve the acquisition of new habits, even though giving up homosexual ties may be initially unpleasant. He must learn to be less motivated by his *own pleasures and displeasures* and more by the *needs of others*.

Heterosexual problems. Until the age of puberty, heterosexual problems are of minor importance. They are largely the result of curiosity and a sterile play situation, which results in experimental sex play. They are only in part associated with sex feelings. It is not difficult to teach the child that his behavior is "wrong."

After puberty the whole problem is greatly complicated. In addition to endocrinological changes, the youth's environment is greatly complicated. He is now subjected to not only his parental standards but also to the standards of his various associates and occasionally to some adult standards which are contrary to the previous emphases. The associates of one boy may respect his heterosexual conquests. The converse may be true for another group and is invariably true for girls. It is necessary therefore that the treatment always be prescribed in terms of the social background in which the individual lives.

The preventive approach to sex problems is more imperative in the case of post-pubertal heterosexual problems than any other, because this problem is the most difficult one which the guidance worker encounters. If we expect chastity, we must imbue the individual and his associates with *ideals* and inculcate in them *varied substitute habits*, as suggested below:

The consequences of sexual relationships out of wedlock should be revealed to him in a calm, factual manner. He should be acquainted with the consequences of acquiring a venereal disease. It is imperative that he know what promiscuity does to self-esteem, personal integration, and reputation if one desires to live acceptably in conventional society. He should know the difference between love and lust in building a durable, acceptable relationship with the opposite sex. It should be a conviction with him that the love for a commendable member of the opposite sex is the best insurance of chaste behavior and a rich emotional experience. It is desirable that he know that love grows when physical relationships are restrained by ideals, sentiments, and a high regard for one's partner. Illegitimacy and prostitution should be known to him, together with the fear, insecurity, unhappiness, and sordid relationships that usually accompany these phenomena. Ideals of masculinity and femininity, attitudes of chivalry, character, fair play, personal charm, and versatility need to be inculcated. If this knowledge and these attitudes have not been acquired at the time the problem appears, it might be well for the counselor to attempt to supply them. Preaching is not an effective method. A cooperative discussion between the counselor and the youth is more desirable. It might be well for the counselor to discuss the matter with some of the youth's associates. Sometimes books, both of a factual and inspirational nature will enrich the discussion.⁶³

In many cases some kind of environmental change will be necessary. An inventory of the environment is preliminary to this change. In cases of juvenile sex delinquency among girls, the change in home is often attempted. A foster home is sometimes recommended. There is evidence for the effectiveness of this move under some circumstances. The success depends upon the degree of the problem, the intelligence, age, and time of placement, and attachment to the real parents.⁶⁴ Often a partial change in the environment is all that is necessary. Sometimes the adolescent needs to affiliate with a wholesome social or athletic group.

Sometimes the problem is a mild one. For example, a girl may be "swept off her feet" by a boy whom she thinks is handsome, sincere, and logical in his arguments for sex relations. She has a conflict between her affection for this boy and her previous training. Often she seeks a source of counsel. A discussion with someone who can point out to her the consequences of her behavior may be all that is necessary.

PREVENTION OF SEX PROBLEMS

Introduction We discussed prevention in part when we dealt with the solution of problems that occur early in development. Further in this discussion it was made clear that most of these problems might have been averted had preventive sex education been given prior to their appearance and had the

⁶³Samples of books addressed to the adolescent are:

Dickerson, R. E., *So Youth May Know*, Association Press, New York, 1930.

McKinney, F., op. cit., Chapters XI and XII.

*Exner, J. M., *The Sex Side of Marriage*, Norton, New York, 1932.

*Eddy, S., *Sex and Youth*, Doubleday-Doran, New York, 1928.

⁶⁴Rogers, C. R., *The Clinical Treatment of the Problem Child*, Houghton Mifflin, Boston, 1939.

individual been absorbed in successful, satisfying activities. Most writers in this field agree that this program should begin in the home.⁶⁵ However, when the home is deficient, we cannot expect the proper sex education and we therefore must place the responsibility on the school and the *individual teacher*. In cases of unsavory environment there will be a conflict between the home and the school, and group instruction may be relatively ineffective. *Individual* guidance is advised in these cases, and in some instances it may be necessary to place the child in a foster home.

The teacher as a means of sex education. It has been suggested that regular teachers be specially trained to disseminate sex knowledge, but not labeled as specialists. They should be selected for their balanced personalities and tactfulness. They should be teachers on all academic levels and should be persons whom the child and youth naturally respects who are not easily embarrassed and who do not show any abnormal trends. One author suggests: That the teacher be of the same sex as the child being instructed, if possible; that whereas it is not unwise to teach biology in coeducational classes, possibly it is desirable that the older children be segregated inconspicuously when the more serious problems are discussed; that it is not necessary for the teacher to be married.⁶⁶ There are times when the teacher becomes the parent substitute and guides the child through his influence.

Sex education in schools. The author quoted above believes that there is little direct sex education that can be given in the school suitably for the pre-adolescent. It seems appropriate however, that teachers who are qualified should deal with sex problems when they arise much as parents are advised to deal with them. The teacher should be one whom the child can consult individually on sex problems if he feels the need.

The sex education program in high school has been outlined to include the following aspects: (1) Information, (2) Interpretation, and (3) Inspiration. The information is given in courses in biology, general science, physiology, physical education and home economics. It includes among other material the facts concerning reproduction, menstruation, seminal emissions, secondary sex characteristics, and sex sublimation. Interpretation is given in courses which deal with human relations, such as literature, history, sociology, psychology, economics, civics, and home-making. The material includes facts on the home, prostitution, divorce, mental health, and illegitimacy. Inspiration comes from people—either living contemporaries of the child or the companions of fiction and history. Ideals of chivalry, service, responsibility, self-direction, social well-being are stimulated by the teacher.⁶⁷

Verbalized facts and ideals represent only one approach to sex guidance. It was evident in the discussion of psychological determinants of sex development

⁶⁵Hattendorf, K. W., op. cit.

⁶⁶Bigelow, M. A., *Sex Education*, Rev. Ed. American Social Hygiene Association, 1929. Chapters I and IV.

⁶⁷Gruenberg, B. C., editor, *High Schools and Sex Education*. Gov't Printing Off., 1922, 1-98.

that emotional and social factors are important. The teacher can individually and collectively aid the student through the application of principles mentioned at the beginning of the section on problems. He can aid the student to satisfy basic desires, relieve guilt, and direct impulses. He can help the student to become more absorbed in extra-curricular activities, athletics, or hobbies.

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DELINQUENCY AND GUIDANCE

By

JACOB PANKEN

DELINQUENCY as crime is a behavior pattern. Behavior patterns are not inherited. Life styles are, largely, the result of environmental influences.

Behavior patterns upon which man bases his life styles are generally acquired at a very early period in life. That period might be referred to as the first cycle, between the ages of one and six years. What behavior patterns are or may become depends upon the environment in which they are acquired and brought to fruition.

The capacity to develop the proper kind of behavior patterns may be inherited. The course of development and its direction depends upon capacity. Yet the use of capacity depends upon influences to which the child is exposed during the so-called first cycle.

What Professor James Harvey Robinson has ventured seems to be the truth, it was his opinion that it is difficult to modify characteristics acquired in the early period of life. Experience however has taught us that behavior patterns are susceptible to modification for better or for worse, dependent entirely upon the infiltration of influences. Conflicts between what has been stored up in the early period of life and becomes part of the subconscious, or what may be stored up in later life, and influences from without produce emotional disturbances—emotional conflicts. Such conflicts often result in aggressivism. Sometimes they may result in an indifference which is not less deadly than aggressivism.

Behavior traits are acquired in life in response to experience or environment to which we are exposed. "Human nature" is largely demonstrative of what we do, what we wish to do, what we fail to do. Each reaction to what life forces upon us is defined by some as human nature. Our reactions depend upon the sphere in which we live, the influences to which we are subjected. "Human nature" therefore, according to that definition, is what a given period requires of us to do or not to do, or the influences which are the stimuli for wishes to do things.

Man is a creature of circumstances and conditions. Man is the grown up child. Our life styles and patterns, our personality traits, are acquired charac-

teristics that environment, social usage, convention, life and its experiences have fashioned. We are not born with defined characteristics or ethical concepts.

Professor Walter Reckless and Professor Mapheu Smith say in their volume "*Juvenile Delinquency*", "Most psychologists and sociologists agree today that many forms of human behavior which formerly were classified as instincts are acquired characteristics." Experience, the resulting emotions from experience and our reactions, fashion our mind-attitudes direct and control our personal and social activities. Our characteristics are the children of attitudes of mind.

The child has an attitude of mind toward the life that he knows. His attitude of mind is determined by his experience and reactions.

What is accepted by the group as acceptable is accepted as proper by the individual. The child accepts what is accepted by the adults amongst whom he lives. All react to mass psychology; conventions will influence mass psychology. The mass will accept the conventional and discard the unconventional. Mass psychology dictates. Children are either the victims or the beneficiaries of the conventions that they accept. They respond to mass psychology as will the adult, more so.

Children react to their environment. Environment must be understood to include contacts with people, associations with siblings in the home, association with parents at home, physical conditions of the home, economic security, character of neighborhood, type of school and teacher, love given, hate or indifference shown, sympathy and understanding interest in ambitions, and many other factors and forces which shape and mold character. Personality characteristics are dependent to a large degree upon what is taught or inspired.

"He would be a bold prophet who would undertake to predict the type of personality which might be expected in the children of a given union."—Edw. Grant Conklin in "*Heredity and Environment*," page 306.

The effect of environment on the spread of delinquency is shown by the character of children's conduct. Children in a given area, for instance, begin and continue anti-social conduct to a key pattern, to a particular type of misconduct.

Records of courts show that in some instances a definite style of misconduct is discernible at a given time and is confined to a particular area. In some areas, for example, breaking into abandoned houses is the misconduct in which children engage, and that misconduct runs sometimes for a long period of time. In other areas, stealing of automobiles becomes the pattern of misconduct. Children's delinquency will manifest itself at a given time and in a given area when the rest of the community is entirely free from it. Time and place determine the type of delinquency in which children engage. Should I say, convention dictates the type of delinquency, the conventions accepted by the group in which the child lives? This is conclusive proof that environment and associations in a large measure are a very definite contributing factor for

delinquency, and also for the type of delinquency in children.

The home is responsible for anti-social attitudes in children, and sometimes is the determinant of the character of the delinquency. Place and opportunity and the home are factors that prevent or break down moral sense in children.

Broken homes contribute a large percentage of delinquent children. Many children become delinquent because they have no homes at all.

Among our Negro neighbors the highest rate of broken families exists. Economic conditions, disadvantages, social inequality, tend to break up homes in that group. Mothers work, fathers are unable to find work, conflicts arise between father and mother, and families are broken up. Under such circumstances the marital status which is the basis for home has no permanence. To some extent the protection of a marital relationship between parents is not known by Negro children. The results are indeed bad—frightful. Some figures might illustrate more adequately what is here said. The city of New York is made up of five boroughs. The greatest number of Negroes in any locality of the city of New York reside in Harlem in the Borough of Manhattan. It is estimated that the number of Negroes residing in Manhattan is about one-seventh of the population. The number of delinquent Negro children for the year 1941 was 882. The number of delinquent white children for the same year was 849. About 52 percent of all the delinquents brought into the Manhattan Children's Court were Negroes; only 48 percent, white. These figures tell a story which places responsibility for delinquency in our child population on the home or no home, on lack of equal opportunity, economic disadvantages and the failure of the community to meet its obligations to a particular group.

Under the circumstances described, some Negro children can have no guardianship. With a mother at work, with a father looking for a job, with no proper home surroundings, even physical home surroundings, the children can have but very little guidance or guardianship. And so the child acquires life patterns, social attitudes, not at home but on the street corner, in the cheap motion picture theatre, the little candy store, with the pinball machines, with the "gang buster" radio broadcast, the pulp magazine, the comics, etc., etc. The patterns or behavior traits so acquired are carried into the school. The child is handicapped at home, in the community and in the school. He suffers from disabilities. He develops a feeling of inferiority resulting in an inferiority complex, and compensated for by aggressive conduct. Each child seeks to assert his individuality.

The non-white population of the city of New York, according to the last census, is 470,000. That includes all other non-whites besides the Negroes.

Again let us take the figures in the city of New York. In the Children's Court of the City of New York, 1,514 Negro children were brought into court as delinquents in 1941. The number of white children for the same period that came before the Court was 2,897. The white population of the city of

New York is about seven million; the Negro population, probably less than 450,000. One child out of every 297 Negroes residing in the city of New York is brought into court, and only one child out of every 2,416 of the whites. What is wrong? The white child, like the Negro child, is brought into the world with no moral sense, with no social responsibilities, with no anti-social characteristics.

Children let alone will not discriminate by reason of color, religion or race. They get along very well amongst themselves. Often deep-seated affections between children of different colors or religions are noted. Yet there is this frightful disproportion. The answer is, what the child becomes depends upon his environment, upon his advantages, upon his strengths. And what he becomes when he has grown up to manhood depends upon what his immediate family is able to provide for him. That is true for both white and Negro children alike.

Delinquency is an infraction of the law. In children delinquency occurs as the result of emotional disturbances, in response to many factors. The child who is not wanted, the child who suffers from an inferiority complex, because of persecution in the family or rejection by members of the family, or is misplaced in the school or the community and is thus deprived of an opportunity to assert himself, is unhappy; and because of that, becomes anti-social and resorts to aggressive conduct. Children desire to be noticed, and they have a longing for the things they are denied. Delinquency can be defined as aggressive conduct as a means of compensation for the lacks from which the child suffers. It may also be defined as a form of sublimation. It may not be possible to establish scientifically with exactitude the cause for the infraction of law by the individual, criminal conduct on the part of an adult, or misconduct on the part of a child. It may not even be possible to do that by way of psychiatric study. The Committee of the American Neurological Association in its report on eugenic sterilization, after canvassing world literature, came to the conclusion that "neither psychiatry nor human genetics approach at all the status of exact science." It cannot be denied, however, that delinquent conduct and criminal characteristics are traceable in most instances to environmental influences, and rarely, if at all, to genetic hereditary causes.

Mary Buell Sayles in "The Problem Child at Home" says, "of all the mistaken ideas that produce environment attitudes towards children on the part of parents, none are more dangerous, potentially, than ideas regarding heredity—failure to appreciate the influence extended by environment permits fears regarding heredity to grow into obsessions which paralyze effort and help to bring about the very results of fear."

Children may resemble the parents physically and maybe also in mind and disposition. It cannot be said that traits are transmittable.

The child who follows in the footsteps of his parents will be like them, unless he is subjected to outside stimuli and influences. If the parents are fine,

the child will probably be as fine. If they are evil, he will in all probability be like them.

It would indeed be foolish to attempt to help children to better attitudes of mind and social responsibilities if we accept the idea that by heredity the child is foredoomed to be like his forebears.

Dr. Alan F. Guttmacher of Johns Hopkins University School of Medicine recently in a paper said that "some children are born sickly, malformed, and stigmatized by hopelessly inferior genetic traits." It is evident that weak, sickly parents may produce malformed children, and some type of mental defectiveness is transmissible. He points out that the White House Conference held in 1930 on Child Health and Protection estimated that there were at least 850,000 feeble minded of school age in the United States. And at least 5,650,000 more children could be classified as borderline or just above the feeble minded level. "The Handicapped Child," The White House Conference published by Century. He observes that "these appalling figures do not include the idiotic, imbecilic, moronic and borderline adults who form even a more vast army." The latter statement may be exaggerated, but no doubt there are many children and adults who are feeble minded, etc.

Misconduct in the feeble minded child cannot be defined to be delinquency. In many cases, misconduct by some classified as borderline cannot be defined as delinquency.

The therapy to be employed in an effort to rehabilitate must depend upon the intelligence of the child, his background, his environment, the influences to which he is exposed. The character of the offense may be a key to the psychologic state of mind of the child, but the character of the offense cannot be made a determinant of the type of therapy to be used. Dr. Guttmacher at another point says, "Environment was found to be a potent force in the development of intelligence," although he says that it is not as strong as heredity. An evaluation of surrounding phenomena requires intelligence, and environment is a factor which either retards or develops intelligence.

Authorities agree that environment is more important in the development of good characteristics than is hereditary influence. All that can be expected from heredity is the heritage of a mind, good physical set up. Hence, the ability and capacity to profit by experience, assimilate culture, knowledge, moral concepts, and the drives for good and inhibitions to evil—all of these are contributed by environment. Heredity contributes the wherewithal in brain structure, and maybe in physical stamina and nervous energy.

The experience of many has demonstrated that lack of opportunity, unstimulating environment, or stimulating environment of evil character, regardless of ancestry which is the basis of heredity, will leave an offspring of educated, intelligent, and even parents who are geniuses, ignorant, ambitionless and even vicious. Some argue that that condition is a sort of throw-back—atavism. Sometimes parents who are geniuses will sire a mental defective. The reason

for that might have been contributed during childbirth or possibly during gestation.

There is a classic example of two children who were raised in a savage state, both living in the wilderness, largely living by themselves. Neither of these could speak, neither was able to do the ordinary things that children do, both were savage. Both had the same consuming desire—food. Neither had any moral sense. Their cravings amounted to a drive to obtain the means to satisfy their physical needs. On examination it was found that one of these children was endowed with a fine brain, the other was an imbecile.

The most important factor in the development of intellect is the ability to use intelligence, training, influence, experience. It is also the basis for the acquisition of moral concepts and social responsibility. Where there is no brain, these cannot be assimilated.

Truancy is often defined as delinquent conduct. In some instances it contributes to the development of delinquency patterns. Children who come from decent, normal homes, who are not delinquent and whose tendencies are away from delinquency, learn from their classmates to truant. To cover up being "on the hook" they lie to their parents and to their teachers, and learn to forge notes from parent to teacher and from teacher to parent.

Truancy in itself is not a serious form of delinquency, but it conditions the child to a life style that often results in anti-social conduct of serious nature.

Why do children truant? Is it because the school is not attractive, the curriculum is not interesting, the surroundings are not pleasant? In some instances that is so. The desire to study must be stimulated. The classroom presided over by a teacher must be made attractive, interesting. If the child is beyond his depth in the classroom or is forced to learn that which does not intrigue him, or is taught in a manner which does not intrigue, he is unhappy, the school means nothing to him, and he will truant. Every child desires to learn. He desires to learn the things that interest him or the things that are made interesting to him. If that were accorded to the child he would feel a real loss by absence from school rather than a pleasurable experience in truanting.

Dr. Bernard Sachs, a real lover of children and an authority, says, "We want the child to love the school." That is the key. If the child loved the school, truancy would be reduced and delinquency minimized.

My experience has shown me that the child who loves school is not a runaway from home. The child who hates school, to protect himself from punishment, is apt to become a runaway. If the home were a place where the greatest amount of satisfaction could be obtained, even if the school failed in giving satisfaction, runaways would be few and far between.

Children want to be noticed, they want to be respected. Each child wants approval by those with whom he associates. If the associations are good, the activities will be good in order to earn respect and notice. If the associations are bad, the activities are going to be equally bad in order to obtain respect.

and notice from the companions who indulge in anti-social activities. The conduct appreciated by our fellows has an effect upon what we do. The child will make sacrifices to satisfy his ego.

Ego is a matter of environmental influences. The character of the ego depends upon education, upon the urges which have been sharpened. The ego is what we make of it.

Approbation will stimulate good or evil. Reward or ridicule will affect the type of conduct we engage in. His life styles and traits depend on whose approbation the child seeks. If the child seeks the approbation of truants with whom he associates, naturally he will truant. If he seeks the approbation of those whom he respects and regards, because of fine qualities, he will avoid truancy.

A sense of inadequacy differs but little from a sense of insecurity, and both are factors productive of an inferiority complex. One is often responsible for the other. Punishment cannot compensate for inadequacy, nor will punishment substitute security for a sense of insecurity. Training, education, guidance, change of environment and satisfying economic needs are necessary to liquidate the painful effects. Punishment would only deepen them.

Healey and Bronner in their *New Light on Delinquency and Its Treatment* say, "Whether or not social disapproval consequent upon delinquency was any effective cause in producing the feeling of inferiority was rarely clear, but certainly in a considerable number we discovered that a sense of inadequacy preceded the delinquency and tended to precipitate it."

Inferiority feeling results in aggressive conduct, culminating in delinquency. The experience of jurists and social workers has put that beyond debate. But not all delinquents suffer from inferiority complexes. Many do. There are some who have, rather, superiority complexes. The child or the person who engages in aggressive conduct or delinquent conduct suffers a deepening of inferiority by punishment. That is particularly true in so far as the child is concerned. Where an inferiority feeling is responsible for delinquent conduct, recidivism will undoubtedly follow by deepening of that inferiority feeling through punishment.

Crime is defined variously at different times and in different places. Are children whose acts are violative of a law to be deemed criminals? Generally throughout the United States the misconduct of a child is no longer regarded as criminal, unless the act is one that if committed by an adult is punishable by death or life imprisonment. Otherwise, a violation of a law by a child is deemed to be delinquency.

Delinquency is a comparatively new term. Until very recent times the act of a child was regarded in no different light from that of an adult. The child's acts were considered by law to be no different from those of his elders. The child was punished as was the adult for violation of law. The law made no distinction between child and adult either as to treatment or as to punishment.

Few are born to be criminals.

Criminal tendencies are rarely if at all hereditary. Criminal propensities are acquired characteristics. Delinquency patterns in the child are acquired. The adult's criminal characteristics or propensities are often the result of mis-education, adverse influences—economic, social and otherwise. The child is prone to be more responsive than is the adult. Children are more sensitive; they have less resistance. They have not built up moral safeguards or standards to stand in the way of temptation. They are imitative, and what appears to be right in the sphere in which they have been brought up appears to be right to them. And so environment exerts a beneficent or an evil influence, depending upon the nature of the environment.

For example, many in Australia are descended from so-called felons who were deported from England. Their ancestors were violators of British law, and Britain, to rid itself of these, sent them on to Australia. Many Australians are progeny of these so-called criminals. Are Australians inferior to any other group? Not only can that not be asserted, it is utterly false. They are as fine as the descendants of any group in the world. The fact that their ancestors were adjudged felons did not militate against their acquiring high purposes, noble attitudes, and a very high sense of justice and morality. Their forebears might have been the victims of the environment in which they lived. Some lived in poverty. Some were convicted as debtors and sent to debtors' jail as punishment. Some because of lack of education had resorted to crime. They were outside of the law.

In a new and healthy atmosphere, affording them opportunities of which they eagerly took advantage, their attitudes of mind changed, and they created an environment in which their children and their children's children grew up to be fine and noble men and women.

Observation by a clear-headed, clear-thinking person supports conclusions which might be regarded as absolute.

Take the case of the Comptons. They hold a place in culture and science as high as that of any family in America. Can it be said that the abilities which they display, the acumen which is theirs and the scientific contributions which they have made due to heredity? The mother of the Comptons, when she was asked what she thought of heredity, whether heredity is important, said:

"If you mean the theory that worth is handed down in a 'blue bloodstream,' I don't think much of it. Lincoln's 'heredity' was nil. No. I have seen too many extraordinary men and women who were children of the common people to put much stock in that. Dissolute kings and worthless descendants of our 'best families' are pretty sad evidence." So discarding the theory of heredity. Then she went on and said, "but there is a kind of heredity that is all-important, that is the heredity of training. A child isn't likely to learn good habits from his parents unless they learn them from their parents. Call that environment

if you want to, or environmental heredity. But it is something that is handed down from generation to generation."

It must be stressed that children are endowed with capacities by their parents. The parents must, however, aid in the development of incentive and characteristics to make the best use of those capacities.

Mrs. Compton said, "The first thing parents must remember, is that their children are not likely to be any better than they are themselves. Mothers and fathers who wrangle and dissipate need not be surprised if their observant young ones take after them. The next thing is that parents must obtain the confidence of their children in all things if they do not want to make strangers of them and have them go to the boy on the street corner for advice."

This is wholesome advice based on common sense, that common sense which comes as the result of observation and experience. Experience which I have gained in court and elsewhere confirms everything said by Mrs. Compton. She makes another important observation, "The mother or father who laughs at youngsters' 'foolish' ideas forgets that those ideas are not foolish to the child." Parents who grow with their children participate in their ambitions and regard seriously their children's ideas are contributing towards the development of the individuality of the child and foster incentives to make the best use of the capacities with which the child is endowed.

(Mrs. Compton's observations are taken from the Scientific Monthly of November, 1938.)

American life is crowded with men and women whose origin is what the blue-bloods might regard as "lowly". There undoubtedly were and there are men and women who have come from the so-called better sphere who have contributed in culture to the world scene. The latter's contributions were not, however, because of their origin but rather because of their individual worth, that worth which they have developed within themselves and which worth was influenced by environment.

Mrs. Compton speaks of Lincoln. Andrew Johnson's heredity was no greater than that of Lincoln and we might cite innumerable others in every walk of life.

An unknown poet said:

"THE SOUL OF A CHILD"

The soul of a child is the loveliest flower
That grows in the garden of God

Its climb is from weakness to knowledge and power,
To the sky from the clay and the clod.

To beauty and sweetness it grows under care,
Neglected, 'tis ragged and wild.

'Tis a plant that is tender, but wondrously rare,
The sweet, wistful soul of a child
Be tender, O gardener, and give its share
Of moisture, of warmth and of light.
And let it not lack for the painstaking care,
To protect it from frost and from blight
A glad day will come when its bloom shall unfold,
It will seem that an angel has smiled,
Reflecting a beauty and sweetness untold
In the sensitive soul of a child.

Dr. Bernard Sachs suggests in *Keep Your Child Normal*, as a result of his wide experience, that "while the community does its duty to the abnormal child and the erring youth, it is equally important to care for the normal child."

In many instances the erring youth's shortcomings are traceable directly to a failure to care for the normal child in the pre-delinquent period. With equal truth it can be said that "abnormal children" are in many cases abnormal because of emotional conflicts, maladjustments, inferiority complexes, environmental influences, and the failure to care for them when they were still normal. Of course, there are some mentally defective children, which in itself constitutes abnormality. Abnormality calls for treatment, no less than guidance treatment, and care of the normal child to prevent abnormality.

In the first six or seven years of the child's life his association is with the family group. The child cannot or will not understand the parental attitudes. The parents, on the other hand, can and should understand the child's mind, his interests, his personality traits. To guide properly, the parents must grow with him, rather than expect the child to grow with the parent. "Grow with your children" in *"The Child Speaks"*, discusses the problem, pointing out the harm of requiring children to function on the level of their adult parents.

It is in the home in the first instance that the child is to receive care and treatment. Assuring him security and confidence, giving him a sense of importance as an individual and a personality so that he may feel that he is wanted, not only as a child, but as a personality, as an equal.

The delinquent of today is the neglected child of yesterday. No youngster embarks upon a career of delinquency without causative factors. The factors are not all of the same type. Generally, they are rooted in neglect, to which the child is exposed. Neglect need not be affirmative, or positive. Failure to do that which is necessary to give the child security and confidence is as deadly as overt conduct.

The pre-delinquent child, showing delinquency tendencies, or trends, might (in fact it can) be salvaged from delinquency, and ultimately a criminal career averted.

The number of neglected children cared for by any community affects the number of delinquents in that community. That is no theory. It may require careful inquiry to establish the fact beyond doubt. Figures in one community will undoubtedly startle the uninitiated.

Here are some figures. In a given period of time, the number of white children placed on probation in a Children's Court in one community was 646. The number of negro children placed on probation during the same period was 757. The comparative number of whites to negroes in the community need not here to be discussed. It might, however, parenthetically be stated that the white population is seven times as great as the negro population.

What we are concerned with here are figures. The number of neglected white children, during the same period, placed under supervision by the Court was 618. The number of neglected negro children was only 283.

These figures are significant. In one instance, the number of neglected children cared for was a few less than delinquent. In the other instance, the number of delinquent was three times as great as the neglected children. That clearly poses the question! Is there any relationship between the number of neglected children cared for, and the number of delinquent children, which must be looked after by the community? If the child is taken care of in the pre-delinquent period, if care of the neglected child is taken over by the community, that child (or those children) are salvaged and delinquency conduct is averted.

The figures given are of one community. Let us take another set of figures, in another community. A rather rich county in the state of New York takes care of neglected children to the extent of four times the number of neglected children cared for in several rather poor counties, of the same state; and significantly, the number of delinquent children in the poor counties is about four times as great as it is in the rich community. These figures indicate that, when the community steps in to care for neglected children, they are salvaged. Where the community fails to do that, delinquency increases and delinquent life styles are developed, and ultimately, criminal careers are embarked upon.

Professor Florence L. Goodenough in *"Developmental Psychology"* says, referring to the child: "As he identifies himself more and more with the group to which he belongs, he begins to look at himself through the eyes of his associates. With the growth of social consciousness his own conduct takes on a meaning for him that it never had before."

The guidance of many children in the formative period of their lives is placed in the hands of inadequate and incompetent guidance counsellors. To say to a child, "Be good," means nothing to the child. To dangle before him a reward to be good is not to guide the child in that direction. To threaten punishment is not the way to inspire good conduct. Yet millions are addicted to that form of guidance.

Teachers and school principals and other educators complain against juvenile courts because the courts seek to rehabilitate without punishment. That is the modern way. The child offender is treated by the courts these days not as a criminal: he is regarded as a delinquent, a victim of factors over which he had no control

The child is responsive to religious teaching. He can understand love. He craves that. To him that is religion.

The religion of the child depends upon the environment in which he lives. Left alone, he will in all probability manifest the savage and barbaric in his nature

Humaneness, spiritual reactions, social mindedness, are the bases for an ennobling religion. As the child grows, though he be unaware of it, he evolves religious tenets. Ethical consciousness and conduct is the basis for the development of moral sense, and moral sense is the foundation of religious concepts.

It is more than mere attendance at church or synagogue. It is the cry from the soul. Fear of punishment for misdeeds is the antithesis of ennobling religion.

If the child be thought to, do by his fellows as well as he can, and inspired to do better than he expects others to do by him, he is truly made to be religious and so the foundations are laid for good citizenship. Moreover, he is prepared to be happy in service to and with the group.

The child cannot understand the idea of punishment. All that he does is to cause him to be afraid, to be fearful. Fear is a destructive emotion. It is a cowering force. Instead of giving assurance, confidence, security, it makes the child cowardly.

Punishment, as a matter of fact, has never cured crime. It certainly cannot cure delinquency. Nor can delinquency patterns be eliminated by punishment. In guidance of delinquents or pre-delinquents it is important to make intelligent selection of the things to be learned. To do it effectively requires the individualization of guidance. Dr. Goodenough in her work says, "Individual interest plays an important part in determining what kind of material will be best learned." Paraphrasing, it might be said that individual interest plays an important part in determining what kind of material is to be used in guidance.

In guidance, as in teaching, the thing learned makes its deepest impression when it is put to actual use. To impress what one has learned indelibly on one's mind, use, rather than repetition of a formula, is the proper basis.

We are concerned both with children who are pre-delinquent and those who have already acquired delinquency characteristics. It makes little difference who was responsible for the acquisition of bad characteristics. They are there. Both categories of children need help, and the help they need is guidance.

The school can do a great deal both in prevention of delinquency and in rehabilitation of the delinquent.

Urban life has compelled a change in our attitude toward children. The radio, the moving picture, the pulp magazine, the comic strip—all of these have an effect upon the moulding of character.

Urban life does not permit of intimate friendships. Home life is not as it is in the rural districts. The family is rarely a unit.

The teacher might replace the parent, and the school might become the center.

Structurally the schools now are different from what they were, both urban and rural. There are splendid schoolhouses, splendidly equipped, with exceedingly pleasant surrounding. But the school is a sort of museum. After 3:30 it is closed.

The school is not fully used. It should become the cultural center for our child population, the center to which the children should flock to have fun, as well as to learn. School buildings can be utilized for social clubs, athletic associations, literary clubs—yes, even dances.

The records are replete with the evil results of cellar clubs and dance halls. Many a boy and girl has been ruined in one or the other. The night clubs take their toll of high school girls. Many youngsters find their way into the night clubs. The home may not be attractive, staying at home may be boring. In some instances parents nag their children, and they resort to the cellar club, the dance hall and the night club as an escape. Dances in the school houses, literary clubs, etc., could replace these foul places. They certainly would replace the street corner gangs, pinball machines, candy stores and the pool rooms.

In New York City, for instance, there are a million children who attend school. If only 25 percent of them were to make use of the school buildings after school hours, the benefits would not only accrue to this group but it would have a very decided effect upon the entire child population.

Literary clubs affording boys and girls an opportunity to put on plays in the evenings (and what girl does not dream of being an actress?) would be a form of guidance that would be preventive of juvenile delinquency. An interest given to the children in the school would prepare them for the democratic way of life, for they can be made to learn that supervision of their activities can be in a democratic method.

Children desire to assert themselves almost with the dawn of reason. They want not so much their own way as they want respect. A denial of those very natural desires brings on in the child revolt, revolt against what appears to him to be a shocking condition. The beginning of delinquency in a child, which might result in criminal conduct in the adult, often finds its source in that type of revolt.

Dissatisfaction with conditions always seeks compensation, and delinquency is a possible rewarding substitute for dissatisfaction. Dissatisfaction is an

emotion, indeed a dispiriting or an inspiring emotion, an emotion which maladjusts the human being and dispirits him to the extent of unhappiness.

Not all dissatisfaction is undesirable. Discontent is natural to a high-spirited individual, but it may become devastating in the life of the human unless properly exploited and sensibly directed. The problem is to guide discontent into channels that would be compensating: constructive rather than destructive.

The home environment is probably the largest factor in dissatisfaction. The deprivation of the flow of natural traits and bents in a child brings on dissatisfaction, dispirits, rather than aids or is an incentive.

Guidance and direction must commence at the very earliest period in the life of the child. When parents fail in that, they fail their children. When the school fails in proper guidance, it fails the children. The child has an inalienable right to adequate and decent parents to guarantee him happiness and fine human relations.

To make guidance effective and to serve its purpose the child must be safeguarded against association with delinquents or criminals during the susceptible, habit-forming years. Youth, in the adolescent period, is as susceptible to habit-forming influence as is the younger child. Proper care, training and counsel is necessary to the development of fine habits and characteristics and traits during those periods.

No general rule covering care or training or counsel is applicable in all instances. Each child or youth responds differently to treatment. The treatment must be fitted to the patient, rather than attempting to fit the patient to the treatment. Unfortunately, the latter is often the method used.

The late Samuel Jones (Golden-Rule Jones), a socially-minded man who lived ahead of his time, said, "The best way to bring up a child in the way he should go is to go that way yourself." The quotation is trite, but it has a deep significance in the art which is required to guide children and youth in the direction which will make them assets socially rather than liabilities to the body politic. It may be repetitive, yet it needs underscoring. Those who have the custody of children or youth must grow with the children or youth and by their own conduct indicate the path to be trod.

The child who has no guidance is apt to become a victim of all kinds of temptation. The undirected, unguided child, the uninfluenced child, will respond only to his natural animal urges.

What is guidance? Can it be said to be a requirement to do or act as directed, or to be obedient to direction because of fear or compulsion? The latter is the theory upon which child guidance is exercised in many homes, in some schools and even in some courts. It is the theory of the past.

Fear and force constitute a method of direction used by parents, to some extent by teachers, and in some cases even by judges and by some psychologists and psychiatrists.

Children will not learn by compulsion. Indeed, they cannot learn by compulsion. They will not assimilate knowledge because of fear or acquire decent characteristics by compulsion. Teaching, if it means anything at all, is to inspire a desire to learn, to appreciate the value of culture and education, of moral concepts, to prepare the child to take his place in the community and to live well and happily therein.

Parents are teachers, they are the first teachers the child knows. Compulsion by the parent is using the whiplash. That does not constitute guidance. The whiplash will exact compliance in some instances, in compliance will destroy individuality, and where it fails in its purpose of compliance it creates revolt and aggressiveness harmful to the child. Let it be said, aggressiveness by parents or teachers against the child creates a counter-aggressiveness in the child. Neither is desirable. Both are harmful.

Compulsion or coercion of the child is an infringement upon his ego. It is destructive to his spirit. It makes the child dependent, a particularly bad aspect of that form of guidance. The child should be encouraged to develop a spirit of independence. There is a modicum of security in the spirit of independence. In the family the child should realize that his security depends upon interdependence, and should learn not to infringe upon the rights of others. The highest form of social structure is based upon independence of spirit and interdependence nurturing that spirit.

The guidance of children becomes necessary almost immediately after birth. A baby is born without any moral or social sense. It cannot be assumed even by the most fanatical protagonist of the idea that we are what we are, because we are born that way, that the new-born babe does not have a social sense or was born with a moral sense. Each child is born an unorganized human with no integrated ideas at all. From the moment the child comes into the world, it is dependent for life upon the members of his family, dependent upon his mother for food, if she suckles him or otherwise. His dependence later on is not upon his family only. He depends upon his associates as well.

Proper guidance must therefore be so directed as to develop independence of spirit, of thought, and also to develop an individuality which, though cognizant of dependence upon others, realizes that others are dependent upon him too. The child is dependent not only upon associates, he is dependent upon his school, his church. His contact with life itself and the character of participation he is permitted to have in life are factors which might make him utterly dependent, without a realization of the fact that life is interdependent, and wholly prevent the development of an independent spirit.

Somewhere else I spoke of the ego. It is natural to have an ego. Each of us has an ego. It is the type of ego which determines whether or not it is desirable. Under the proper conditions of guidance and direction the undesirable, vicious, unsocial ego can be modified and might be replaced by one which compels and drives for social conduct and the effort to fulfill life's purposes,

to be happy, to be pleasant, to live in cooperation and communion with the group. The ego can compel social-mindedness which gives personal satisfaction, as it also can compel vicious and anti-social conduct.

There are some who misuse the term "selfishness" as other terms are often misused. The child who does the proper thing because it is satisfying to himself holds out greater promise than the child who does things he does not want to do because of fear or coercion, or because it might curry favor with someone whom unselfish acts might satisfy

The important thing in guidance is the development of an ego which is fine and social in character. Such an ego will flower in a sphere in which the child is the object of understanding, love and sympathy, a sphere in which interest in his childish ambitions stores up an inner sense of security. Every human should feel secure. It is the basis of self-respect, self-reliance, dignity and hence responsibility. The child who has the benefit of that kind of guidance will grow into a personality, and the ego developed which rejects anti-social conduct. Within himself he will find the forces to develop social attitudes and consciousness, and conscience demanding compensations socially for what society accords him, and satisfaction of his needs

Social workers, probation officers and education are "sold" on the idea that children must be taught to have respect for authoritative pressure must be exerted upon the child. Any pressure is undesirable

Respect must be earned. It cannot be imposed. Respect that is obtained by compulsion amounts to nothing more than lip service. Respect inspired by what is achieved is the only respect that is desirable. In integrated society there must be respect for authority. That respect, however, must be the result of a conscious appreciation that the authority which integrated society exercises or exerts is not against the individual but rather on behalf of the individual. A respect stemming from that idea is desirable. It is necessary.

Respect for that type of authority is enhanced by knowledge that that is part of the integrated social structure contributing to it and directing its development; in a word, it is respect given to an authority which one has helped set up

A child should respect the authority of his parents, the authority of the school, but all respect should be voluntary. It will be voluntary if it is deserved. A child, as also an adult, can be made to realize that authority is not exerted against him but for him. Guidance predicated upon this idea will aid not so much in the development of respect for authority as in the development of a consciousness within the child that he is a part of the community in which he lives, and that in life, responsibility and duty are inter-dependent.

Mrs. Madeline Law, one of the psychologists attached to the Psychiatric Clinic of the Children's Court of the City of New York, observes, "rigidly-punishing parents and teachers make control distasteful while, on the other hand, the gang and other neighborhood influences have made the pleasures of the moment more attractive."

Some psychologists and psychiatrists believe in punishment of children by parents and teachers, since they believe that juvenile delinquents suffer from too little authoritative pressure. All pressure—authoritative or otherwise—is punitive. But they concede that too much authoritative pressure is also bad.

What is meant by authoritative pressure? Any pressure exerted partakes of the character of compulsion, no matter how little the pressure may be, and if the pressure is backed up by authority, resistance to it or acquiescence therein is either refusal to accept punishment or to submit. Authoritative pressure is generally that which is exerted from without, exerted not by a force developed within. Recognition of authority, resulting from forces developed within one's consciousness or even unconsciousness, is another thing. The least of us respond to forces from within. Sometimes they are indefinable. It is that we call conscience. Pressure by conscience seems the most desirable. Have children consciences? Experience has taught us that children, at a very early age, even before they have reached the age of seven, reared in decent homes, guided by intelligent parents, develop a sense of what is right and what is wrong, and conscience either permits or opposes acts on their part. Conscience is the accumulated fund of the best that conventions have produced.

Authoritative pressure from within is what should be striven for. The best result is obtained through guidance free from punishment or exerted pressure. A sense of security is almost impossible in the face of the exertion of pressure, authoritative or otherwise. The child will feel more secure if he recognizes authority voluntarily. He has elected to respect authority. It is his own desire, his own wish, his own reaction. It was not imposed upon him. It gives the child a sense of importance, a sense of well-being. He has asserted himself. That assertion factor builds his ego. He, of his own volition, has fulfilled a desire and gratified an emotion. All of that makes for security.

Charles Baudouin in "*The Mind of the Child*" says, "When the child is suffering from serious or stubborn psychological disorders, there is presumable need for methodological analysis by a specialist" (page 219). An analysis of the factors affecting the environment and its influences of the child is needed. Once these are known, the treatment can be prescribed upon. Sometimes it is difficult to find the medicine. The treatment always partakes of guidance.

Let me illustrate a different type of guidance, a type of guidance that has not been used very much.

Books have always been available to children. Some of them read voraciously, many read without any direction; anything that comes to their hands they pick up and read—good, bad and vicious. Few parents guide their children to reading the kind of literature which would be helpful. Yet good reading is very helpful therapeutically in the prevention of delinquency, and the right kind of books will help, in many instances, in the rehabilitation of a delinquent child. The purposes which should be held in mind when books are suggested to children are that the volume be fitted to the child, that he understand what

he reads, that his interest be stimulated, that his reading will act as incentive to ambition—moreover, to emulate the characters which the book describes.

Dr. Albert Moll, who has used the book therapeutically in the treatment of patients, claims that the results were effective. Therapeutic value of books came to me long before I knew of Dr. Moll's experiment. My experience has been with many hundreds of cases. Naturally I can only give one or two in this rather limited chapter. Here are the stories of two boys

Call one Fritz. He was brought to court together with three other boys, all of the others of Italian parentage. Fritz's father was born in Germany and came to the United States some eleven years ago, and was naturalized. Fritz and his mother came from Germany about five years ago

The boys were brought into court because they had broken into a schoolhouse and destroyed a considerable amount of property. They poured ink on rugs, and house paint on the walls, desks and piano.

Fritz's particular aversion was a picture of President Roosevelt hanging on one of the walls. That picture he ripped from its frame and cut into ribbons. One of the other boys destroyed a placard on which was the American flag.

The court worker assigned to the case made a very thorough investigation. He discovered that in addition to what is set forth above, Fritz drew a picture of Adolf Hitler and hung it on the wall in place of the picture of President Roosevelt which he had ripped from the frame.

When I talked to Fritz he told me that the reason he destroyed the President's picture was because he wanted Willkie elected.

The psychologic state of mind of a child must be determined by an analysis of his background. This boy, Fritz, who is now about fifteen years of age, had been fed upon Nazi philosophy. Hatred for all who are not German, for everything that is democratic, contempt for all the leaders fighting for freedom of speech, freedom of conscience and the rights of the individual, he brought with him to our shores. Though he attended classes in our schools for five years, the thought pattern evolved in Nazi Germany had not been eradicated. Yes, and the neighborhood in which he lived, the companions with whom he played, created an atmosphere which tended to continue his Nazi reactions rather than to eliminate them. The literature distributed from house to house in the neighborhood, the meetings to which he was taken, the German-American Bund propaganda, Fascist talk in the homes of his associates and the talk by their parents, all of that prevented the neutralization of what he imbibed in Germany. Yet it was possible to modify, even eradicate by guidance, the characteristics which seemed part of him.

It may be of interest also to note the effect of guidance on one of the Italian boys. A letter from one of the boys, to whom it was suggested that he read the life of General Garibaldi, will illustrate the value of the use of the book therapeutically and a letter from Fritz and my answer to him on the life of Abraham Lincoln indicates the effect of association by this boy with Abraham

Lincoln The letter he wrote was not intended to curry favor He was told very definitely that American children are not punished, that they are helped He understood that thoroughly

I talked to both of these boys at length Fritz wrote me, and in his letter the influence exerted upon him by Abraham Lincoln is definitely apparent But let the boy speak for himself Here is his letter, in part:

"Abe Lincoln ran a ferry across the Ohio and butchered for thirty-one cents a day. He often split 500 rails for each yard of cloth for his new trousers. One of his neighbors knowing that Abe was a strong, honest youth, sent him with a cargo of liquor down the Mississippi to New Orleans. At New Orleans Abe sold the barge he had built for what it was worth in lumber and sold its cargo Then he took the steamer back up the river.

"Lincoln was also interested very much in politics and he wanted Jackson for president. Practically all the folks in Indiana wanted Jackson for president. He became so enthusiastic about the election that he wrote this song.

'Let auld acquaintance be forgot,
And never brought to mind
Let Jackson be the President
And Adams left behind.'

"Later he went to New Orleans again. He had to walk at least a mile across barges before he could reach the shore. It was at this time that he saw the slaves being sold, bought, traded, and mistreated He did not think that it was right, but he could do nothing about it. He took the steamer home once more, and from this time on he entered into manhood.

"Remarks: I think the book was very good; it taught me things that I never knew about Lincoln before."

and here is my answer, in part.

"My dear Fritz

"Your review of 'Abraham Lincoln Grows Up' is indeed very, very good I might say that it is as good a review as I expected at your hands You are right. Lincoln was interested very much in politics Everyone who lives in a democracy should be interested in politics. A political democracy cannot long survive unless those who live under it are constantly interested in what the political instrumentalities do, how they function and how they discharge the purposes for which they exist. Moreover, in a political democracy we delegate to others duties to be performed While we may trust those to whom we delegate these duties, we must always be on watch to see that they do so.

Someone has said, 'Eternal vigilance is the price of liberty' That is quite true.

"I am very grateful for the illustrations of the book which you have enclosed in your letter. Lincoln's log cabin is a delight. You know, of course, that he was known as Honest Abe or the Rail Splitter. You didn't forget to put the axe into that illustration. I assume you did so because in your imagination you saw him splitting rails. Yes, and those two other black and white illustrations, the flat boat going to New Orleans and, particularly, Lincoln reading the book he borrowed is especially fine. I like that big foot which you have illustrated. All big fellows have big feet and Lincoln was a big man. The crayon illustration on what Lincoln thought when he saw slaves being whipped is fine, indeed. You have done a grand piece of work and I compliment you on it."

Fritz sent me illustrations of Lincoln's life. One is a picture showing Lincoln sitting on a chair, barefoot, reading a book which the boy says was borrowed. Another pictured Lincoln on a flat boat, and a third, Lincoln's log cabin, and another illustration in colors that is particularly interesting. The boy calls it "What Lincoln thought as he saw the slaves get whipped," and that is very fine. It is understanding and appreciative of emotions.

To the Italian lad—call him Pasquale, I suggested to him that he read the "Life of Giuseppe Garibaldi." Maybe one paragraph from this boy's review will be adequate to show the effect knowledge of Garibaldi's life has had upon him. This boy said in his letter (the English was very bad), in effect, that Garibaldi had fought to make Italy a united nation. He wanted the Italians to have freedom, and so happiness, but, to use his language, "the bad man Mussolini came and he made the Italians unhappy." My answer to him in part follows:

"My dear Pasquale:

"Italy has given to the world some very great men indeed. It has given to the world fine artists, painters and sculptors; yes, and literary people as well. It did not fail in giving to the world great liberators. Not only has Garibaldi made a place for himself in the world of liberalism and freedom, but Mazzini, who inspired Garibaldi, has left his imprint upon education, freedom and decency.

"Wherever there were oppressed people they always could turn to him for help. I wonder how many there are now to whom the oppressed Italians can turn.

"Compare what Garibaldi meant to Italians and to the world at large with what Mussolini now means to Italy and to the world at large. One wanted men to be free and happy; the other wants men

to be enslaved. One dignified the human being; the other degrades him. One breathed the ideals which Jefferson, Lincoln, Monroe, Hancock, and the other wants to destroy that which these men have given us in our country and which in a measure had been at least attempted to be copied by other countries."

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INSTITUTIONAL TREATMENT OF MALADJUSTED CHILDREN

By

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THIS chapter is concerned essentially with the special institutions for socially maladjusted children, the training schools. Incidental reference will be made to types of institutions for maladjusted children other than the training schools.

In the past the criteria for commitment of maladjusted children to an institution for training were usually the criteria of community convenience, immediate community protection, or failure of treatment in the community, rather than any considerations of the accessibility of the child to the particular resources of the institutional treatment. The institution has served as a social backstop. It has been accepted as a social necessity, but often viewed as an unfortunately necessary punitive agency.

Recently, however, there has come about a growing recognition of the therapeutic possibilities of the institution with an increasing disposition to *select* cases for institutional treatment, but the therapeutic function of the institution is still handicapped so long as it continues to remain the repository of all community failures. This problem can be reduced by intelligent assignment and transfer of cases. Despite a progressive understanding of the place of the institution in a treatment program there remains a tendency on the part of some community workers to conclude, because institutions loaded with community failures may show only modest success, that they are necessarily custodial rather than treatment agencies.

The outstanding treatment resources attainable in the institution and not equally attainable in the community are control over the child and tolerance for the child. There is also the opportunity to carry on a 24-hour observation of him, which is difficult or impossible in the community. Certain other resources which are commonly more readily made available in an institutional setting than in a community setting include supervised and organized group life and a close relation to clinical facilities. A specialized institution can offer the advantages of concentration of skills and resources for meeting a particular type of problem. It is possible, as a consequence, to develop in an institutional setting an unusual degree of understanding and tolerance and of skill in treating such a problem.

The staff of such institution operates as the controlling framework of a special community which has as its *raison d'être* the readjustment of maladjusted children. This institutional community is relatively isolated and insulated from the general community. It is characterized by an unusual degree of adult control. The adult control is both obvious and ubiquitous. These factors determine much of the strength and the weakness of the institution.

At its best the institution may be regarded as a community which has accepted as a profession the readjustment of children committed to its care. It bears much the relation to the larger community that a therapist does to the parents of a child under treatment. It does not take over the functions of the larger community to which the child must ultimately return. It does not seek to wean the child's affections from this lay community, but rather, uses its temporary relationship to help him adjust himself so that he can return to it. This professional community can afford to be more tolerant, more understanding, and less judgmental than can the lay community. It is able, if it chooses, to exercise a closer control than the lay community. It is able, under favorable conditions, to utilize this control therapeutically.*

INSTITUTIONS FOR THE TRANSIENT PLACEMENT OF CHILDREN

Institutions for the transient placement of children exist for temporary care or for observation and clinical study, or very frequently for a combination of these two.

1. *Receiving Homes* are institutions, usually small, intended primarily for the temporary placement or study of dependent children.

2. *Detention Homes* are institutions for the temporary custody or observation of delinquent children.

3. *Children's Psychiatric Observation Wards* (of which there are extremely few) are for the specifically psychiatric study of children.

It is perhaps unnecessary to state that observation of children held for placement is desirable, and ample clinical facilities should be available in connection with any institution which has the observation of children's behavior and

* Some workers may have been led by recent trends to view authoritative control and therapy as incompatible. This is the result of a too narrow view and a tendency to make the convenience of a special situation a universal truth. Adjustment may be viewed as commonly resulting when, (1) there is a realization of external or internal requirements to which it is necessary to adapt, and (2) there is a disposition to make the adaptation.

The neurotic or emotionally disturbed child in conflict with himself supplies the requirements himself and it is only necessary to aid him to realize them and to make his adjustment to them. In the case of the delinquent the conflict, although sometimes internal, is, as a rule, chiefly external. It is conflict with society and the police. The therapist working in the community may rely upon society to press the requirements and himself supply only the aid in understanding. The institution functioning as treatment agency must both press the requirements and aid the adjustment to them. These functions are not incompatible, although it is often expedient to separate them and have them handled by different persons. Their combination is by no means impossible, but requires real skill. In the mental hospital it is commonly necessary for the physician to carry both the authority of control and the responsibility for treatment.

adjustment as one of its functions. It may be added that diagnosis and treatment can never be separated and it is often possible to accomplish significant therapeutic results during even brief periods of institutional observation.

It should also be stated that despite the diverse origins of these various institutions for children: the receiving home from the orphanage, the detention home to keep children out of jail, and the psychiatric observation ward from the psychopathic hospital, the programs of the successful children's institutions have their major elements in common. The successful institutions of whatever type resemble each other far more closely than they do their precursors. The problems of the dependent, the delinquent, and the emotionally disturbed child have much in common and grade into each other much more than they separate.

INSTITUTIONS FOR TREATMENT

Treatment institutions for children, like the institutions for transient care, have taken their origin from a diversity of starting points. These may be enumerated as follows:

1. *Institutions Serving Treatment Functions for Dependent Children.*—The institution for dependent children serves as a substitute home for dependent children. Of recent years there has been a strong tendency toward the use of foster home placement rather than institutional care for orphaned or otherwise dependent children. In the early stages of the reaction against the orphanage there tended to be a disapproval of institutional placement per se. Recently, thinking in this area has tended to become more discriminating, recognizing that a good foster home is ordinarily the best placement for a normal and reasonably well-adjusted child, but that in some cases the institution is preferable or even necessary, at least for a period of time. There is consequently a tendency toward the development of treatment functions in some institutions for dependent children. Among those instances in which an institution is preferable to a foster home for dependent children, we may include those cases in which the relationship to a living parent to whom the child may later return should be preserved, and in which foster home placement appears to offer a threat to that relationship which institutional placement does not. In such cases institutional placement may be more readily accepted by child or parent, or both, than foster home placement. Similarly, the delinquent who appears otherwise most suitable for foster home care, whose home is inadequate, but whose family ties are strong, may, with his family, accept the justifiability of institutional commitment, when the otherwise more desirable foster home placement could not be accepted. If forced, foster home placement would simply be met by repetitive and determined running away to his own home. One may also include those children who are not accepted in a foster home or probably will not be accepted without further socialization. In general, it may be stated that the younger the child the more the advantages of the foster home and the fewer the advantages of the institution. The older the

child the more the disadvantages of the foster home and the fewer the disadvantages of the institution. The problems of emotional emancipation from the dominance of the parents at adolescence scarcely exist in an institution where the control is more objective and dispassionate and less closely related to affectional ties.

2 *The Parental School*.—The parental school is a residential school developed to meet the problems of the chronic truant who cannot be kept in a day school. As such, it is closely related to the training school

3. *The Training School*.—The training school is a residential school for delinquent or socially maladjusted children. It usually accepts children of only one sex: either boys only, or girls only. Historically it represents an effort to reform, rehabilitate, or readjust delinquent children and to protect them from the destructive aspects of jail or prison life. The training school is the type of institution in which the elements of control are most prominent.

4 *The Mental Hospital Children's Unit*.—There are very few of these in existence. They are, of course, an outgrowth of the adult psychiatric hospital. As such, the atmosphere is greatly influenced by the atmosphere of the adult mental hospital. The acceptance of erratic or disturbing behavior, and the treating of misbehavior as illness are emphasized. As a result, the children's unit of the psychiatric hospital is the type of institution in which tolerance and understanding are the most prominent, and the elements of control are usually less prominent. It is most suitable for those children whose conflicts are internal rather than external.

ASSETS OF THE INSTITUTION

1 *Simplified and Controlled Community*.—An institution is a simplified and controlled community. The anonymity of urban living often makes it possible for the delinquent to "get away" with delinquencies time after time. If he is caught, his defense is usually denial. Unconsciously he has acquired a shrewd knowledge of our legal system—that one is presumed innocent until proven guilty, and of the difficulty of establishing that proof. If his involvement is proven, then by the same childish shrewdness he knows his course is to appear repentant and promise never to do it again.

The objective of giving the accused the benefit of any doubt and giving the offender every chance to correct his behavior are, of course, so desirable as to need no defense. Yet it must be recognized that particularly in city life the loopholes provided are sufficiently large so that the delinquent usually has had the opportunity to "learn the ropes" before he finds himself in an institution.

One of the advantages of institutional training for the delinquent is that he is placed in an environment where the results of his acts tend to catch up with him quickly. While a single violation such as a theft may go unrecognized, the delinquent finds himself quickly enough confronted with the results

of his general conduct. This is something he cannot brush aside with an easy promise, but must work through day after day. The necessity for adapting to the rights of others gradually makes itself felt. He is constantly in close contact with a few socialized adults, and if they are skillful and he is not unusually armored, their interest and his human needs will gradually lead to the development of emotional ties and attachments.

It is, more than anything else, the development of such attachments which determines specifically the difference between a constructive and a destructive institutional experience. The children have in common, experiences in delinquency and a natural tendency toward rebellion at institutional control. If they develop their loyalties only toward other delinquents and regard the staff as an essentially foreign and hostile group, their institutional training will be training in delinquency and in being a good and loyal member of a delinquent sub-culture. To the extent that they develop confidence in and admiration for staff members, the staff members can thus influence them rather than merely compel them.

The division of the institution into two hostile or at least distant groups, children and supervisors, may occur suddenly even with non-delinquents over any point of serious differences of viewpoint. The merging of the two into one group occurs much more slowly. Such a group must always be regarded as an unstable emulsion, as of oil and water, quickly tending to come apart into two separate layers at any incident charged with opposite feeling for the two components. The possibility of therapy depends largely upon preserving the social solution in a state that approaches one phase rather than in two sharply separated layers. It is not so much hostility toward adult authority which is difficult to overcome as it is the presence of a pattern of mutual support against adult authority. For this reason, it is in many ways less difficult to treat totally maladjusted offenders than those socialized within a delinquent group—the loyal gang members.

The limited environment of an institution has its desirable effects in reducing the complexity and confusion of social living until certain fundamentals have been mastered. The unstable child often recognizes and feels this as a positive advantage for a limited period of time.

2. *Tangibility*.—On the psychological side, institutional treatment has a material advantage over community treatment in the tangibility of some of the institution's resources and its isolation from the larger community.

The first point is reflected in the relative generosity in which legislators will appropriate money for buildings and equipment as contrasted with their usual penuriousness in appropriating money for staff. There is also the psychological significance of a commitment, which, while it may be of destructive effect in the mild delinquent or in the boy who is seeking to gain status through delinquency, generally has a constructive effect on the boy who has not responded to community treatment. The community which has put up

with a recalcitrant delinquent who has not responded to treatment heaves a sigh of relief when he is "sent away" and feels that at last something has been done. In general, the community is able to receive him back in a more charitable and accepting mood on his release. Not uncommonly the child himself is relieved that he has at last been brought up short. The experience of "getting away" with things is rudely broken and a social re-orientation often follows.

A PROGRAM FOR ADJUSTMENT IN AN INSTITUTIONAL SETTING

1. *Home Life*.—"Home life" in an institution cannot be regarded as the equivalent of home life in a satisfactory family home, with natural or foster parents. The institution lacks the advantages and disadvantages of the more personalized atmosphere of the individual home. The institution can afford to be more tolerant of non-conforming behavior than can the home. It can be more impersonal and objective in its methods of treatment. By the same token it cannot, as a rule, be expected to succeed in meeting the emotional needs of the child for affection and a sense of belongingness in the way and to the degree that a satisfactory home meets these needs.

As a consequence the institutional setting is from this point of view a poor setting in which to seek to meet the needs of the child who has been emotionally deprived from infancy. It is frequently possible to improve the socialization of such a child to a degree which makes possible successful foster home placement. However, in such cases the role of the institution should be considered a preparatory one only, and the child should be placed in a foster home as soon as there is sufficient prospect of success. If there is any prospect of success it is usually better to give the opportunity before too long. A reaction of discouragement and a consequent general let-down may be expected sooner or later in the emotionally deprived child kept indefinitely in the relatively impersonal atmosphere of the institution.

On the other hand, the relatively impersonal attitude of the institution often has a salutary effect upon the overindulged or spoiled child.

It is, however, important that an institution should try to avoid too impersonal an atmosphere. It is for this reason that the modern trend is away from congregate housing units and towards the use of small housing units in which a more personalized atmosphere can be developed. A parental and harmoniously married couple in charge of each unit make the most important contribution. Although they are necessarily handicapped in developing anything approaching a parental relationship with individual children, by the size of the group usually assigned to them and by the temporary character of the placement, it is often surprising to see the extent to which skillful cottage parents, handling even rather large groups, are able to develop personal understanding and personal loyalty from their children.

Details of individual freedom mean much in developing this personalized atmosphere. Individual clothing, lockers where personal treasures may be kept, personalized observance of birthdays, permission to wear the sweater grandma knit, prompt delivery of mail and packages, all assume major importance. *It is necessary for the institution* (which will not assume the responsibility of a life-long blood-tie to the child) *to cultivate the relationship of the child with any sources of personal security he has in the larger community*. Exception to this rule should be made only when there is positive reason to believe the persons in question have a primarily destructive influence.

As an example of the personal lacks of institutional living, there are few days so bleak as Christmas in any Christian institution. The special effort which institutions commonly put upon Christmas decorations and Christmas observance serve to reduce but cannot adequately fill the sense of emptiness most children feel when they must spend Christmas there.

2. *School*.—The need for schooling in an institution is doubtless the social need most widely and easily recognized by the public. The special needs which the institution may have in this respect are less frequently recognized.

The institution for delinquent or maladjusted children is commonly dealing with a group a great many of whom have failed to make an adjustment in the public school situation. They have not found the public school program adapted to their abilities or their needs. They have failed in school and have developed an antagonistic attitude toward school and school authority. In a majority of instances they have become truant. Special educational handicaps such as reading disability are common among such children.

The institution has an initial advantage over the community in relation to overcoming school maladjustment in that tendencies toward truancy are easily controlled in an institution while they may be extremely difficult to control in the community. However, a program which relies upon external control and makes no special effort to make school experience meaningful to the child will meet success by only the most superficial standard of institutional conformity. Small classes, emphasis on practical uses of what is learned, short goals, hand-work, excursions, encouragement, personal interest, individual help where needed, may serve to bridge the gap and persuade the child that school can be bearable—or even interesting. It is important to *search for interests* and to *utilize existing interests* (through discussion, projects, directed reading) if any can be found. Because of the important contribution of special educational handicaps such as reading disability to children's maladjustment and delinquency, remedial teaching should be a part of the program of any treatment institution.

If an academic school adjustment is achieved in the institution, the question must still be assayed of the child's ability to adjust to public school in the community—and the school's readiness to "give him a break." Often it is necessary to keep an otherwise adequately adjustable child in an institution until

he passes the compulsory school age because he is not capable of adjusting to the existing public school.

Any training school in an area where school attendance is compulsory until the latter part of the teen age will have the experience of boys returned to the training school because they cannot adjust to school but who can be paroled and will readily make good when they are able to secure employment. These children form a group most favorable for pre-vocational and vocational training.

3. *Pre-vocational and Vocational Training.*—Children in our culture are required to adjust themselves to a program of sedentary study and intellectual concentration to which some of them are not equal. If the problem is chiefly one of school maladjustment or stems initially from that sphere and has not become too generalized in the child's life, there is always reason for optimism that it will disappear when the child becomes employable.

School appears to these children as an unpleasant, sometimes unreasonable, and more than occasionally an unbearable requirement of childhood. While they are rebellious against the authority of the school, the authority of the boss is more readily accepted because one is being paid on the job. The children who are maladjusted in school frequently are children whose intelligence for abstract material is not good. In many instances they have good intelligence in handling concrete material and may develop a definite skill in vocational or shop work. The development of such a skill, creating as it does a sense of achievement and status on a more adult level and increasing the employability of the child, is a material contribution toward his chances of future adjustment. However, in the shop as in the schoolroom or in the living unit the most important element of training is the effect of the personality of the shop instructor upon the personality of the boy. To a considerable extent, the skills of the shop are simply a medium through which this relationship may be brought about.

In general, effective vocational training cannot be expected with teen-age children during a limited stay in an institution. In most cases the training is rather to be regarded on the pre-vocational level.

4. *Recreation.*—It is especially through recreational activities that a boy learns socialization with his contemporaries and the acceptance of certain fundamental "rules of the game" which have a wide importance in social living. There should be a wide variety of recreational activities in any children's institution with frequent shift and novelty to preserve freshness and stimulate interest. The institution should not make the mistake of substituting mass activities or exhibition games by select skilled teams for recreational activities in small groups. Recreation in which most of the children are spectators while a few play rarely has much value. The living group, the school group, or the work group are natural units for a program of recreation. Yet there is value in grouping the children specially for recreation whether by their special interests or by the degree of their athletic skill so that competition may be on reasonably equal terms and all may be encouraged to play. Hard active play will direct into

socially constructive channels much energy which might otherwise be used in objectionable activities. On the other hand, the possibilities of use of partnership and quiet games should not be neglected

5. *Religion*.—A child in an institution should not be denied the right to the religious observances of his own faith and contact with a religious counselor of his faith. In this area as elsewhere, children committed for institutional training are, as a rule, without great understanding or acceptance of the formal patterns of our society. The formal religious services are not by themselves likely to have much effect. The contribution that religious training makes to adjustment in an institution appears ordinarily dependent largely on the influence and skill of the religious counselor. Although maladjusted children in general set little store by religious observance, their families are likely to place a much higher value on religious matters and to turn to the religious counselor in times of stress. The chaplain therefore is often, by virtue of his profession, in the most favorable position to bring about understanding by the parents of the child, of the institution's efforts with the child, and often also to help the institution staff understand the parents.

6 *Clinical Facilities*.—Clinical facilities are of major importance for any institution seeking to do treatment work. Therefore it is highly desirable that adequate clinical facilities be available to such institutions.

Psychiatric study of at least special cases, is urgent. A broad use of clinical psychology should be routine and should include use of testing procedures for guidance of academic and vocational assignments. There is need for social investigation of the family, social case-work with the family, and aftercare supervision. There is equal need for social case-work in the institution and for the cultivation of a liaison between clinic and teachers, cottage parents, and supervisors. This involves a case-work function of rather special type

In order to be of full value to the institution, it is necessary that the clinic functioning in relation to an institution should understand the character of an institution and the particular resources and problems related to the special institution in which they are working. Clinical people, used to working in the anonymity of a large community, may be taken aback by the repercussions which special handling of any one child may have upon the whole child population and staff of an institution. The recommendations and treatment of the clinic can attain their full value only if carried out by people familiar with the dynamics of the institution and able to so organize their recommendations as not to introduce impossible elements into an institutional situation. Failure to understand these dynamics is as fatal to the clinical work as failure to understand the dynamics of the case.

SPECIAL INSTITUTIONAL PROBLEMS

1. *Discipline*.—An institution for maladjusted children cannot exist without discipline. By discipline is meant those measures of punishment or reward,

overt or implied, which are used to control the children's behavior within specified limits. In general, the modern treatment approach to children's problems seeks to find causes for maladjustment and to remove them on the assumption that if this is done the child will cease to be a problem. The therapist is concerned with children who have been handled by ordinary methods of discipline which have failed to attain the desired results. However, immediate problems must be met immediately and there are points at which checks must be applied. Reasoning or persuasion do not always work. Release of feeling can be permitted only within limits. Should the administration of an institution take a stand of sanctioning no discipline, the staff would take matters into their own hands at least at the point at which they felt their own safety threatened. The administration would find no public sanction to any denial to the staff of the right of self-defense. The absolute maximum of public tolerance would insist on a measure of protection of one child against another, and upon some degree of efficiency in keeping the children in the institution or promptly returning them if they left. The question, therefore, cannot be one of whether there should be discipline or no discipline, but what kind of discipline, at what points, and in what manner is it to be applied. Here the considerations of the group and the considerations of the individual often pull in opposite directions. The considerations of group call for impartiality in discipline regardless of who the offender is, clarity in prohibitions, promptness in taking disciplinary action, fairness, consistency, and predictability. The considerations of the individual case often make more varied or individualized treatment desirable for the particular child. Ill-considered individualization has a destructive effect upon group morale and a balance must be struck. To the extent that the group is able to see the child as a deviant from them, they may accept individualized treatment without its having a destructive effect on group discipline. The clinic worker must recognize the problem of the institutional administration and supervisors in maintaining the degree of group discipline which is necessary for any functioning of the institution.

2. *Homosexuality*.—Sex seems an invariable concomitant of human life and human life in an institution is no exception. In institutions for adolescents, particularly where individuals all of one sex are confined, the potential problem of homosexuality is ever present, for the awakening sex urge backed by the vigor and impulsiveness of youth will not in all instances wait for its proper object to present itself. In general, homosexuality among boys in a training school is a manifestation of physical aggressiveness and sex drive, without attachment to or respect for the personality of the sexual partner. It is in most cases substitutional and changes to heterosexuality at any opportunity, the elements of lack of respect for personality and of aggressiveness being often expressed with as little inhibition in heterosexual as in homosexual contacts.

In general, it appears to be a healthy thing for adolescents in a training school to have some contact with members of the opposite sex under good

supervision. Limitations of what our culture will tolerate must be borne clearly in mind. It is no solution for the risk of homosexuality to create major problems of overstimulated and unsatisfied heterosexual interest, as such unsatisfied tensions may lead to substitutive homosexual behavior.

3. *Punishment or Treatment.*—The child committed to a training school usually views his institutional commitment as punishment for wrong-doing, and the majority community opinion will concur in this view. However, punishment, to be of value to a child, must be brief and must be backed by a sense that he is accepted and liked and that the punishment does not represent fundamental hostility or rejection. In general, a child will profit much by institutional training only if he feels that fundamentally the institution staff accept him as a person and have his welfare at heart. The children committed for institutional training are of course often relatively hostile, hardened, and inaccessible children, and unusual tolerance, patience, a fundamental liking for children and a desire to help them are required to get a sense of real acceptance across to them. If these qualities are not in evidence, the impersonality of the institution has its emotionally devastating aspects. Somewhere in life each person needs a sense of being valued for himself, his individuality, not simply as a member of a group or a cog in a machine. The uniformity of institutional living, if no personal ties are developed, frequently leads to the unfortunate attitude that nobody cares. These reactions must be avoided if the training is to have a positive result.

4. *Institutional Rigidities.*—The close, constant, face-to-face relations of a small group in an authoritatively-organized community give the institution both its strength and its weakness. The fact that the social consequences of any act are relatively immediate and inescapable operates as a positive factor in influencing children toward an improved adjustment. It also operates as a negative factor in limiting the range of treatment methods possible. Always one must adapt such methods not only to the child but also to the institution. The operation of the grapevine keeps the population well informed as to what is happening throughout the institution, and the ripples of every change reflect back and forth. The therapist used to the anonymity of treatment in an urban office must make an entirely new adjustment before he can operate effectively in an institutional setting. Non-recognition of this fact has been responsible for the failure of many otherwise good therapists. When a change of any significance is instituted it is important that key people throughout the institution be consulted in advance and brought to an understanding and acceptance of the change.

PROBLEMS RELATING TO RETURN OF THE CHILD TO THE COMMUNITY

The release of a child should be determined by his response to the training program and his apparent readiness for return to the community. Not only is it impossible to predict these in advance, but often the most effective element of

the training program is the recognition by the child that his own adjustment and evidence of social progress determine his release. Decisions should be by a board or committee on the basis of reports from various supervisors, to depersonalize the decision so far as possible. All children should be reviewed by the committee at regular intervals

Some children will show a superficial adjustment but no real change. Refusal of release may be followed by bewilderment leading to reorientation and more positive change, or merely by a sense of injustice. The child who is able to accept his institutional training only as punishment may not be reached, and his continued detention after he has made a good superficial adjustment may prove destructive

Most maladjusted children succeed in making an adequate institutional adjustment. The point of maximum breakdown is following their return to the community. This problem has not been adequately solved to date. While in some instances the child has doubtless not been effectively reached in the institution, the greater weakness lies in the instances in which he goes out with the best and sincerest intentions but cannot maintain them against the deviation-pressures of his own community and the frustrations he meets. A good after-care service with case-work (and where indicated, other professional resources) will materially reduce the number of failures. This after-care period is of critical importance, but its problems are, for the most part, similar to those of probation and will not be specifically discussed here

It may be that in the future some more graded return to the community through progressively wider freedom and relaxed pressures can be worked out. Imperfections of present methods are exemplified in some instances in which the boy returned to the community blows up much as a grain of wheat suddenly ejected from a steam-pressure chamber explodes on return to a free atmosphere. In either instance more gradual reduction of pressure would obviate such a spectacular result.

INDICATIONS AND CONTRAINDICATIONS FOR INSTITUTIONAL TRAINING

The indications for institutional training may be classified under two headings.

1. *Primary Indications.*—Under primary indications we would include those which are related to a need for the special contribution which the institution has to make. These are the cases where intensive or 24-hour observation is desirable and those which call for a greater degree of control than can be maintained in the community.

These latter cases include first those in which a child's own home is grossly unsuitable for his care or in which he cannot be prevailed upon to remain in his own home, yet cannot be placed in a foster home, or will not remain in a foster home if so placed. Secondly, in our culture are also commonly included

those children who are so severely maladjusted in school that they cannot be expected to make an adjustment in the ordinary school situation or will not stay in school long enough to make an effective attempt at adjustment possible. However, a possible alternative to institutional commitment in some of these cases would be to have the child taught for a period by a teacher visiting the home and working toward an adjustment which might permit him to return to school. A third group where the indication for institutional commitment is primary are those children whose maladjustment is so serious that it is considered unsafe to let them remain in the community from a consideration of their own protection or the protection of others. A fourth category includes those children whose behavior, while not so directly menacing, is sufficiently contrary to the community mores as to bring about unqualified rejection by the community and consequently to interfere effectively with any reasonable possibility of bringing about a social adjustment in the community.

2. *Indications of Convenience*—Indications of convenience for institutional commitment depend upon the relative availability of treatment resources in the institution and in the community. It may, for instance, sometimes appear desirable to commit a child to an institution because vocational training or clinical treatment urgently necessary for the child's adjustment are available in the institution and are not sufficiently or equally available in the community. In such an instance, that which the child needs is not one of the distinctive features of the institution but is a feature which is merely more available in the particular institution than in the particular community.

In general, it may be stated that institutional training is more necessary or more generally necessary in the case of children who have not developed normal inhibitions within themselves and who are in conflict with their environment than it is in the case of children whose conflict is primarily internal. It is for this reason that the emphasis in institutional treatment of delinquent and deviant children is usually primarily upon the problem of social adjustment. However, another important group will include children who are grossly maladjusted in their relation to their parents, whose parents cannot be effectively treated with the child in the home, and who cannot accept foster home placement. Contraindications to institutional treatment include a great need for personal affection as a central factor in the problem and evidence of especial need for flexibility of management. Of course in some instances these contraindications must be overruled.

Special indications and contraindications will exist with any institution in terms of its special program and how this fits or fails to fit the needs of the child. It is therefore extremely important that those who must recommend or decide upon institutional treatment should have an intimate knowledge of the institutions concerned.

THE INSTITUTION AND THE COMMUNITY

The problem of the institution is materially increased by the fact that the public expects of the institution two functions, one of which is to a considerable extent contradictory to the other. These are:

1. Training for a useful life.
2. Effective custody during such training

Security of custody is not difficult to attain. However, those measures necessary for its attainment are largely contradictory to those likely to bring about a rehabilitation. Security of custody will depend upon constant watching or upon fences, walls, or locks. Treatment demands freedom, flexibility, readiness within limits to show trust even though it may be abused. Yet a program which has failures through runaways is much more subject to criticism than is a program which has many more failures which occur after the children have been legally released. When the public becomes stirred up by publicity given runaways and depredations committed by children on runaway, it is likely to return to a frankly punitive and destructive attitude. Somewhere a balance must be struck between those practices which too far limit the constructive purpose of the institution and those which result in an overthrow of the constructive program by an impatient community.

It is the task of the institution administration to seek to keep the public confidence while maintaining to the utmost the constructive factors of a training program. This task can well challenge the best of human ingenuity.

THE STATE AND CHILD GUIDANCE

By

FREDERIC JAMES FARNELL

"CHILDREN IN A DEMOCRACY" . . . At a White House Conference in January 1940, the following summary suggestions were offered "Every recommendation in this report which involves public action is predicated on certain characteristics of the electorate. It is an American ideal that every adult citizen shall take intelligent part in the determination of public policy. Steady progress towards this end has been made throughout our history. However, before the ideal can achieve full reality, certain existing conditions and practices must be corrected. In the first place, limitations on suffrage through intimidation, coercion, the levying of poll taxes and other undemocratic practices must be removed. In the second place, those who are entitled to participate in the affairs of the government through the ballot or otherwise must accept the responsibility for the complete discharge of their civic obligations. In the third place, the exercise of voting privileges should rest upon knowledge of public affairs and of social and economic trends and conditions. Finally, there must be added to the universal informed exercise of the franchise, a profound and continuing concern for the promotion of the general welfare and the maintenance and improvement of democratic institutions. Nothing less than this is a suitable goal for a democracy. Nothing less can see our democracy through the difficult problems which confront the world."

Who are the State? What is Child Guidance? There is a great deal of difference between being an authority, being authoritative and yielding to submission. It is a fact, to be an authoritarian, merely prescribes the principle of obedience to an authority directly opposed to an individual liberty; it prescribes of no inherent will to give, for the standards are made, they are set and they are, meekly or defiantly demanded by a group of which the one is merely a cog and not an entity, may be or not yielding to submission. On the other hand the authoritative approach is not unlike a purveyor—he is a carrier of facts, ideas, etc.—there they are, if you don't believe them, it's just too bad.

Under the auspices of the New Education Fellowship¹ a series of general principles have been suggested relative to democratic education. The first is in

¹ The Philosophy of the New Education—Professor William H. Kilpatrick—Science and Society Vol. 54, No. 1405, pp. 481-485, Nov. 29, 1941

respect to human personality, and as such it is accepted as the chief foundation stone for this new education. This includes all humans, and as far as it is humanly possible to effect it, on terms of equality. Secondly, it suggests that society must conduct itself on an ethically equal treatment for all. All are to be treated, in Kantian phraseology, always as ends and never as means merely. Nor is any stage of life, as childhood, for instance, to be treated as a means merely to an adulthood. Then, there is the good life, or the life good to live,—this is the foundation conception of ethics, democracy and education,—and the content of each of these and the end at which each has an aim is the make-up of each of these entities. Next, is the slowly race-wrought culture², that which is held by any group as the chief educative factor as to how the members of that group are going to think, to feel and to act. Again, it is a fact, that learning goes along at its best and in the degree that the individual sees and feels its significance. That is, acceptable to his own inherently felt needs, and directly related to what he does. Then, there is "effort" which is called upon to meet that ever changing tide of events, not only those immediately related to the environment, but also those distantly related to his environment; changes inherent in human affairs for the future is not fixed. Lest one forgets, it is effort that counts, it is the "set-screw"—future events are importunate. Throughout all this approach there must be a free play of intelligence—intelligence is our final resource—it will tell us what to think and what to do in all our own and individual affairs as well as in our social and political situations—for when intelligence plays freely along with our experience, in any and all its content, there is little need of doubt as to one's innate potentialities indicative of wisdom.

We are a heterogeneous nation—under a homogenous set-up. There is little doubt but that the attributes of each would be, fundamentally at least, in tone

² Everything handed to us — we are heirs of all ages — in order to adjust — problems, life must depend upon the socialization of human thought and character. Society as we recognize it cannot be socialized any faster or farther than the human units of which it is composed can be socialized. However, an almost universal intensive reform movement is taking place—emphasized by the sociologists. Primarily—good social living means that the social hygienist must be judge of what is good for the individual as well as the social organization—the reactions to this movement—may have reference to the intensive reactions of the reformer (initiator) and it includes his repressions, his purposes and his promptings, that is, his motivations which are essentially his own reactions (defensive and supportive) to his own mental conflicts as well as to the mental attitude he takes towards the conduct and the behavior of society. These reactions are often little more than defense reactions against some difficulty existing within himself, and are distinctly different from the reactions of the social organization as a whole. When one enters into the realms of the imagination and pictures a fully evolved socialistic state, one builds an air castle whose only foundations are one's wishes, one's hopes, in a word, one's dream. Unrealized and unrealizable wishes are the materials around which our dreams are organized. One's socialistic state is such a system of dream organization. Between the realities of life and dreams there is no continuous series of gradations; nor is there any transition stage between the two. Whatever hardships, evils if you choose to call them such, exist with respect to our monetary system, they are inseparably connected with it, and as intelligent men and women we should devote our time and our energies to easing the burdens thereof rather than wasting our energies in seeking the unattainable." Quotation from "Some of the Fallacies in Present day Social Reform", *Journal Nervous and Mental Disease* Vol 60, No 2, Aug 1924, Frederic J. Farnell, M.D.

for regimentation and essentially as such for a democracy. Guidance means, in its very first principle, a study of the individual. In totalitarian states the individual exists for the state, but only under the status of homogeneity. Whereas, under a democracy the state exists for the individual, but the individual must fit in this set-up which is characterized by a life of freedom, liberal enough and restrictive enough, so long as the rights of his fellow men are evaluated in terms of the democratic standards.

Freedom means a provision for every individual to be in harmony with his opportunities and his qualifications—not only is the individual to be studied from this freedom angle, but also the school curriculum must be studied and must be molded to meet his opportunities, his qualifications, etc. And, again, guidance also implies for that individual a freedom of choice or choices

The four freedoms are freedom of speech (education), freedom of the press (aborted education), freedom of assembly (education) and freedom of religion (education). Maybe there should be a fifth freedom—freedom of or to work—one may be able to live without the four freedoms, but it is a sure fact that one cannot live without work. Merely changing the name does not change the fundamental set-up. Any restriction placed upon the primary approaches to the ultimate "work-a-day" is found to have its effect upon that individual when the "work-a-day" comes forth. Long observation and experience has demonstrated that one's own experiences, one's social ties and contacts, his interests and his problems have a fundamental setting and that when any of the methods as applied to academic approach are applied to the older individuals its success was noted only in a small few and only when it in reality was a more or less continuance of the already laid-down work and it is quite probable that in those few cases it bore a close relation to the personality of the teacher and that not only what he said, but also what he did, made lasting impressions. As one goes on in their developmental life and reaches into the secondary and the higher schools of learning, effort, interest and attention dominate the situation. Intellect and achievement are not necessarily inter-related or co-related and the whys and the wherefores surrounding the determinations which effect the blooming of talent are still shrouded in mystery. Just why potentialities exist, why they can be brought into an active state in some and not even throw a shadow in others, remains as a question to solve. The availability of these potentialities for use and/or disuse is going to require much more the freedom of choice—choice under one environmental setting might be conducive to a favorable outlook and yet under another setting manifest like the splutterings of a Fourth of July sparkler.

Herbert Spencer once said ". . . and leaves behind the voluntary cooperation which effectually achieves internal sustenance, there grows increasingly clear the code of conduct which voluntary cooperation implies. And this final permanent code alone admits of being definitely formulated and so constituting ethics as a science, in contrast to empirical ethics. The leading traits of code,

under which complete living through voluntary cooperation is secured, may be simply stated. The fundamental requirement is that the life sustaining actions of each shall severally bring him the amounts and the kinds of advantage naturally achieved by them ."

Among the so-called native attributes is "native ability" which is a variable in each individual and in each as distinguished from another. Then, too, there is the "native cultural ability"—it is a variable, but its drive always has a tendency to improve in its evolution as indicated through one's contacts, one's environmental pressures and one's demands. Nothing is more stable in the human race than the inherited ground work of thought. This ground work is essentially the sentiments, the feelings and the passions which undergo but slight changes from age to age. The elements of culture, civilization, if you wish to call it so, are deeply rooted in religious, social and political beliefs, matters of sentiments between which and the new conditions of existence and thought created by modern scientific discoveries and industrial advances, there is a continual and ever-increasing conflict. Now, there are two other potentialities or "native abilities" which are closely related intellect and they are the scientific and the social—both are highly sensitive and are as conducive to weakness and frailty as to strength and success.

The multiplicity of settings point directly towards the fact that human nature cannot be so easily molded or remolded to make the carrying out of democratic principles as a mere trifle, casual or a simple matter. There is something fluctuating in the character of democracy and yet there is a constant element, a unity must be maintained, notwithstanding the everchanging interests and the alterations existent therein, especially so in our own emotional orientation.

Probably less than in any other phase of educational approach, from infancy on to adulthood, is there terse or scant attention given to the emotional needs of the child and especially so in that field which is commonly recognized as the feeling of security. It is a generally accepted fact, today, that the child does not come into existence with a blank tablet of entire forgetfulness, but, rather to the contrary, he is the possessor of vast stores of memories derived from ancestral inheritances, his mind is the product of centuries of living by his ancestors. All infants have a certain grace and intuitive insight, a certain frankness and an honesty which all admire, which frankness, which honesty, is the result of the harmonization of the different elements which form the make-up of their minds. In these early months of the child's life the feelings of security do not play so great a part, but just as soon as the satiation of hunger is thrown upon him or herself, the feelings of security begin to be manifest, and from then on plays one of the most important roles in the life of that child. For the educationalist to look upon this feeling as an attitude is psychologically incorrect—it is neither a lack of development nor over-determined. Hunger is closely related to the phylogeny of the human race as well as to the ontogeny of the individual units thereof composed. To assume such an attitude towards

a feeling of insecurity directly contiguous to hunger is not unlike the attitude that was assumed towards feelings of insecurity in the sex sphere not many years ago, a taboo which may have been accountable for a great many frustrations, conflicts and warped personalities existent amongst us in these days of cultural crisis.

Where, in the school curriculum, from kindergarten to and through the secondary schools, is the feeling of security or insecurity considered as an entity? If the security reaction is apparently in balance there is little need for alarm, but, it is in those many, many children who have this security or insecurity reaction that one should direct concerted interest. Each individual will evolve his or her own security mechanism, which will be made up of formative ideas, emotional reactions, perceptions and apperceptions, attitudes built upon a basic background (familial) growing out of socio-cultural settings, school, play, church, etc.

Does democracy mean that customs and inheritances are valueless and that by their removal competition within one's self and with his environment will lessen? No, of course not—remove competition and you have removed a powerful factor in the stabilization of security; remove customs and you destroy the cultural set-up of our community and to merely use such approaches to bring about a change in name is trifling. Forget not, our inheritances will always be with us.

What are the traits so valuable to an integrated growth and essential for the warding off or drawing in security? The average child is fearful, troubled, volatile, explosive, works hard, is maybe ambitious, but from early childhood money is an objective but usually with an important "proviso," "that isn't all." We are never taught what the meaning of fear, explosiveness, etc. are. No, we are classified instead and since there is no apparent means of knowing, all these traits are repressed. Anything that might arouse a troubled reaction in that individual, produce or accentuate the fear is avoided, maybe it will be his play, maybe it will be books, maybe it will be debate or a host of other blockings. As time goes on, he weaves around himself a compensatory barricade in a half-way attempt to live his life, always troubled with insecurity, in a manner least obstructive to those near and dear to him or her and at the same time giving little in a constructive manner.

What can be done? What is essential to bolster these well recognized entities so common in our schools? One does not have to be indifferent to life but any enjoyment of life must be without restraint and with an adequate composure under all types of situations, whether creative of riches or just living on a mere "pittance." Our children come into this world as an heir, but we treat them like a "holding company"—in this community of the home, the heir is subject to all the members, he must be seen and not heard, he is petted by one, scolded by another, actually taught disrespect towards a brother or a sister—compared to some one or other for the purpose of making him feel "inferior," shown no

evidence of love, gratitude, kindness. Then, with much of his naturalness smothered by his parents and his environment he enters in play or attends school where he finds the setting extremely complex, not so simplified as forty years ago. He finds many more stimulating situations, much more so than at home and many more distracting influences, which tend to rob the children of their charm. They have thrust into their consciousness all the terrors and the uncertainties existent about us in this day. They are having transmitted to them the utter hopelessness and the hatred of those who view the paradoxical situation of want in the midst of plenty. They are taught morality by reality. Whereas Ali Baba and the forty thieves served as the basis for moral training fifty years ago, today the radio, the press, the tabloids present such moral pictures through public enemy No. 1 and the like. All these reactions have their effect upon the home, its members, the companions, his associates at school, the teachers, everybody and it may be manifest by impatience, criticism, punishment, etc.

The educationalists have taken over the care of the child from his kindergarten years to and through his higher education. Their rallying cry which was at first "Adapt the child to the society in which he moves" fitted in well with any of the alterations made in the curriculum since they all could be made with this worthy purpose in mind. It mattered little what he was taught as long as he was able to get along with his fellow members. However, such a formula was not sufficient equipment to live in an adult society and teaching him to move in it, did not prepare him to move in an adult society. The slogan had to be changed to "Prepare the child to become a good citizen", a noble, patriotic and decidedly practical cry.

Then, it was found that not all parents were good citizens. The adult members of the family were interfering with the child's growth. They were not fed properly. They weren't clothed properly; proper care of their teeth was impeded. This called for a swing over further to correct all the defective or faulty traits of the parental atmosphere. Dental clinics, free meals, play with supervision, etc. were the result. The community became proud of what the schools were doing and willingly gave more money for equipment, buildings, services, playgrounds, but not a cent for better teachers, machine-made.

When all the enthusiasm over the child's foster-education had subsided, the educationalist soon found that the parents undid what they had done and interfered seriously with what they were trying to do and, paradoxically, the parents said that the children had lost their initiative, they had embedded in their "wish life" the "gimme's", the child seemed to pay more attention to what his classmates thought of him than what his parents did, and they even went so far as to state that they were getting lawless and ungovernable. This clash between the parents and the teachers (educationalists) appears to be a vicious circle and the heir or "holding company" is torn between the uncertainty of his home and as a glorified central figure of a newly projected

world, again lessening the feeling of security and blunting those traits which should go into the formative structure of wisdom—surely one of the most powerful “girders” in a healthy personality

For the development of this healthy personality there must be ever present a capacity for the feeling of form visualized as an endless projection of the individual, self-contained and living, projecting outward into the world in which it lives, flowing continuously, adding to from within, a development which from within is the basic structure for sympathy, understanding, compassion, discrimination, observation, and inward certainty and a strong feeling of intellectual beauty and integrity. Under such a set-up those antagonistic feelings, always indicative of insecurity, such as jealousy, schism, inflexibility, doubt, lip-wisdom, poverty of intellect and sophistry, find no fertile soil in which to grow. A creative life implies an energetic life, a routine of strict mental health and one of high conduct and behavior dominated constantly with that stimulus which will keep alive the consciousness of man's dignity, integrity and honesty, all elements of mental freedom.

If democracy means a certain temper of the mind, a certain habit of thought and a “manly” discussion on disputed questions without oratorical bombardment and “slush”, a setting of tolerance must be found. Again, this is not a simple matter in this our heterogeneous nation. The many personalities already fixed, the many reversible personalities, those which have failed to integrate, may be compared to metals. Metals have a personality, some are soft and pliable, easily changed such as copper and gold. They can be drawn into thin wire or hammered into delicate sheets, but, unlike the human, their personality still clings together and those metals never lose their identity, and at the same time they serve their purpose in our industrial world. On the other hand, bismuth, tungsten and several others are exceptionally hard, impliable, and crumble when any attempt is made to change their form. Yet, the integration of their personality is such that they, too, serve a purpose in this world of ours, also without any destruction of self.

As one of the manifestations of a personality, human behavior is closely associated with value to self and to the community and it is largely directed by the “genes” of our inheritance in the setting of our existence. In metals, also, their behavior is controlled by their “genes”, their “electrons”, and their usefulness to self and to the community bears a close relation to their integration. The integration of the elements of a personality of metal is definite for each individual metal—there is always orderliness and regularity in the pattern of integration, bearing a close relation to valency which in the periodic system, Law of Octaves, centers around the mysterious number EIGHT. Upon the manner in which these “electrons” are put together, structurally, their behavior will depend—if they act independently it is probably a gaseous substance and when they work together, they will vary from the softest to the hardest of metals and serve a corresponding usefulness in this industrial

world Interestingly, there is the fact that from the standpoint of serviceability, **MOBILITY** is a determining factor, there are those which are self-contained, work alone—then there is the cooperative, working harmoniously with his fellow "electrons"; a gregarious type, negligible in service, then there is a mixed type, one in which its serviceability is extremely limited Now add **FLEXIBILITY** as an inherent factor and the "mobility" is enhanced in its productive and reproductive transmittability Here, again, the personalities of these metals are **DETERMINED** by their electrons and they are not the **REFLECTION** of their electrons—how true is this in terms of the human personality, not "reflected" in our genes, but "determined" by our genes

Quite so, this analogy can only go to a certain point. Humans are gifted with an inherent something which may also be electronic in type, indicative of "life", and it is that "life" and that "drive" which in a total existence has combined all the attributes of metals and their serviceability into one. They are mobile, flexible, capable of transmitting their material with success. He can work alone, he can cooperate; he can mix and he can become gregarious depending upon his valency (affectivity). Thus far one observes that metals have a personality and serve "as ends".

What is personality? Is it a mask behind which we can as humans hide from the world our true emotions and sentiments? At times it would have the appearance of such when one observes the barriers which men, either through terror or ignorance, surround themselves, when one sees the warped and distorted lives of timid men and women and yet, if it is such an artificial mask, the world would be more true without it The Chinese, with their uncanny sense of value, in their system of philosophy, place little value on the individual personality. From the angle of security the Chinese child, at an early age, learns that his position, which primarily begins at home, is secure, because he is secure within his own little community, he is a part of it, not an heir or a "holding company". This "being a part of" immediately absorbs all that false action directed towards this forced drive to earn "money" either to support himself or his family, thus removing or at least buffering his emotional security. To them the human unit is a small and unimportant thing which lives only to bring an increment to the grand total and its coming and its passing dwindles into insignificance in comparison with the general good of the race, unafraid to live and unafraid to die.

The avenue which education follows in a democracy is that of leading individuals to learn and to live, on the basis of a growing personality, most effectively One is dealing with a "thinking individual", whether infant or adult—and until that individual's majority, only 8% of his waking hours are spent in school, a total of over 10,000 hours, and yet he has lived over 105,120 hours During all these extra-curricula hours he has been subject to many, many pressures on that formative drive, in his personality, habits, etc Since the individual learns what to live, and the school is supposedly a place

to learn and to live these principles, it is imperatively vital that the teachings be most upbuilding and uplifting for the mind, the character and behavior, always in sympathy with the ever changing principles concomitant thereto, or what might be called socio-developmental evolution, acquaintance volume and emotional retractiveness and expansibility which carry far beyond the limits of the school. Again, if he learns by responses, he must learn to live that particular reaction and entirely to his own satisfaction, both by his own understanding and its affective balance. It has been said that the child is not only father to the man, but that boyhood, youth and maturity are attained not by addition but by the process of loss and subtraction. Teachers do try to bring the educational set-up into harmony with the child's capacity and his objective in life. Yes, but unless that teacher out of the mastery of her own personal problems, out of the integrated development of her own personality, can transmit to her charges some of their zest for living fully, then, only the reflection of the educationalist's personality will be portrayed in their youthful charges.

Under a democracy an educated individual must be experienced, have all his facts well organized, manifest spontaneous creative ability with all the images of reality. One cannot abandon himself to emotion and expect to work; one cannot allow empty emotional reactions to interfere with his work. Such reactions interfere with discrimination, with judgment and with insight and should these empty emotional reactions be prompted by the constant repetition of old premises, usually under a new name, there is a tendency to paralyze one's power of discrimination, one's judgment for new and vital conclusions and lead to feelings of insecurity. Reading tabloids, book digest, canned philosophies, etc., is not culture. It is information, and he who depends upon such is making a mistake—culture is manifest through close scrutiny, close contact, intimacy and familiarity with the whole, with the total, and not with the pre-digested interpretations of stooge publishers. We all can't be a genius. He comes into the world with all the make-up and potentialities essential for him as a genius and all these potentialities develop. They do not have to be dug out. They spontaneously blossom. His intellectual potentialities are characterized by his acute power of discrimination, or expression, his minute perceptive and apperceptive factors; with a powerful creative imagination, and noticeable early in life, and with this as a setting he manifests a supreme skill when called upon for an adjustment to critical situations. What is going to happen to the genius? Doctor Alexis Carrel once said "Humanity has never gained anything from the efforts of the crowd. It is driven onward by the passion of a few abnormal individuals, by the flame of their intelligence, by their ideal of science, of charity and of beauty".

William James masterfully stated the meaning of self-discipline and organization in the quotation, "The world finds in the heroic man its worthy match and mate; and the effort which he is able to put forth to hold himself erect

and keep his heart unshaken is the direct measure of his worth and function in this game of human life. He can stand this universe. He can meet it and keep his faith in it in the presence of those features which lay his weaker brethren low".

We are living in a world of turmoil. It is disorganization and lack of discipline versus organization and self-discipline. Democracy points the way to both organization and discipline, self-discipline. When of school age the child is examined or analyzed in terms of his capacities, his knowledge, his past experiences, his interests and his needs. Then his goals are analyzed, so far as possible, and in line with his capacities, then these factors are integrated and harmonized with the resulting evaluation of his progress in terms of his abilities and his goals. But they must go further, the evaluation of all these factors will not reach the desired result unless the setting and the emotional orientation are also tested in terms of the child's findings. A failure to pass an aptitude test or even the actual passing of the test does not preclude the fact that there will be a future security. Throughout all this testing and grading, etc., it should be kept uppermost in the mind of the teacher that there must be no differentiation as to inferiority and superiority for just as soon as such a differentiation takes place, and when this is placed before the child, the element of difference becomes a powerful factor in lessening the feeling of security, not only as far as the scholastic situation is concerned, but it will begin to eat inroads into that child's personality and manifest itself in diverse manners both inside and outside the school. Coercion in relation to suffrage was quoted in the first paragraph. Here too, coercion in the school, indicative of "not being a part of" creates a feeling of a loss of unity and tends to weaken the sense of conformity. Unconformity is very painful and wreaks its toll. On the other hand, conformity to the rules of society is painless once it has been learned, but in so doing one must be careful and not place the wrong value tags on what may appear to be a virtue. One does not have to sacrifice one's personality to be kind; one does not show a lack of courage to be respectful; everybody can be loyal, sincere and honest and still have plenty of latitude for the further expression of his personality and a proper appraisal of the value of things that are offered to him.

The growth and the development of the child mind is singularly comparable to the growth and the development of the human race, with its early and pathetic clinging to tradition, with its careless and vigorous boyhood, its meditative youth, with its growing consciousness of sin and guilt, its fleeting visions of salvation and finally, what appears to be a complete disillusionment and despair and the faithlessness and unbelief in this Twentieth Century civilization and yet I hope it is not its maturity.

Heretofore this mechanistic robot of education turned out the individual presumably sufficiently endowed with subject matter as would leave him prepared to further develop himself if he so wished, and the job of teaching

was completed. That seemed to suffice when "earning a living" was the expectancy. But it seems hardly to be the proper setting for "leisure time." Leisure time has played and is playing a part in the lives of a great many individuals, inside and outside the schools. Something has got to be done with leisure time, and it will require a very different approach, for the end result is not wholly economic, it is ethical and cultural, it is the "functional aspect" of social life as compared to the "material aspect" of social life. It will require a complete revolution in the meaning of education and it will be necessary to inculcate into the curriculum a provision, also compulsory, for the training of the child and such faculties as will prepare him for that unexpected opportunity for not having to earn a living and yet, on the other hand, earning contentment, happiness and love for himself and his neighbor.

Immediately and at an early age, the creative side must be cultivated, that the personality might have an opportunity to express itself. It means the development of the latent abilities. It means the helping into action of all such powers as will bring about a meeting and an actual taking part in society with the complete avoidance of the spectacular and the dramatic and yet a full knowledge and expression of not only what one believes possible, but also the alternative even when altruism and nobleness means a sacrifice of one's own beliefs. It means one must encourage cooperation to foster a sense of solidarity, initiate a determined effort to face all problems impartially and at the same time always in search for a leader or leaders whose calibre and integrity signify a vision and a far-sightedness not unlike a Washington, a Jefferson, or a Lincoln.

So much of this falls back upon the teacher. To be a true teacher one should have a real understanding in actual life. One should not live closeted in the narrow sphere of the classroom, and the teaching profession should not be the refuge of those who are escaping from the world by their retirement into a life devoid of conflict. If teaching is an escape, how can these teachers transmit anything of value to their pupils? Some of our really greatest teachers lived in the world, were of it and took a prominent part in its activities. Without this contact with reality the teacher becomes warped, his judgment becomes academic, his outlook provincial. He confuses psychology and philosophy with preaching and his lecture room is filled with a jargon of worn out catch-phrases, submerging and repelling those who would like to learn to think, for learning to think, developing the habit of thinking is conducive to mental freedom and mental freedom means a sure road to security. Otherwise, the pupil develops a "negative responsibility", that is, he keeps on going as long as he is prodded, but he will never assume the positive responsibility of going forward under the power of the mental stimulation he has received. Thus, a great deal of the responsibility rests upon the teacher.

He who is master of his work, a keen expert and sincere, backed by years of experience, experimentation and service, becomes an authority who will

have no relation and is not biased at all upon any investment by any group or diverted by arbitrary decisions. The truth of his work (reasons) the realities of his usefulness (ability) and perfection through experience predominate. To refuse to recognize these facts, one not only loses a value through an aborted insight, but also the pupil who is dependent upon them loses another opportunity for advancement.

"We live in an age when to be young and to be indifferent can be no longer synonymous. We must prepare for the coming hour. The claims of the future are represented by the suffering millions. The youth of a nation are the trustees of posterity," thus said Disraeli. Civilization is sick, sick unto death, is the cry of the pessimist. No, not unto death, yet, I dare say, civilization is suffering from a social disease which is progressive in its nature, but that notwithstanding which, civilization will continue indefinitely, with each succeeding generation adapting itself to the changing conditions. No matter in what way civilization may have increased human misery, it has given to us manifold opportunities for happiness and a happiness in a wider and fuller sense than ever before. It has given us the opportunity to add greatly to the sum total of all human enjoyments, but, we must use the forces and the devices given to us by science. In our comparative approach one must not lose sight of the fact that the eyes and ears of civilized man are no better than those of the savage, but science has given us the microscope, the radio and television—the legs of the civilized man are no sturdier than the savage, but science has given us the auto, the stratosphere plane—yet, science with all its master minds has not given us any solution as to how we may enjoy those things should our minds be troubled, our spirits weary, our abilities blocked, our emotions in a tail-spin. Progress is incomplete and it is our duty to find a way how "the trustees of posterity" will not be heirs or "holding companies", insecure, intolerant and afraid to live, but that they must have elbow room in the home, at play, in the school, become "a part of" all environments because the home initiated this protection and it never failed to manifest security, tolerance and faith.

This readjustment problem from the so-called autocratic educationalism to the democratic educationalism is in no way casual or simple. Not only the State, but the Nation, everybody must become "democratic conscious", and let the youth be prepared for the zig-zag in his living with its outbursts of popularity and its sudden drop into the abyss of failure. An adventurous spirit in intelligence must be called upon. It means one must evaluate facts and be able to deal with contingent truth. One must sift motives carefully, unhesitatingly, discount prejudices and with a tolerant mind approach an opinion without the suffrage-value involved therein. When our educational approach not only teaches us or prepares us how and what to live, but also how to earn contentment, happiness and a life filled with joy, spirits healthy and "the capacity to endure—the ability to hold wishes in suspension, without either

renouncing them or reacting to them in a defensive way—by fearlessness—yet it must be understood that by this not merely manifest courage, but the absence of all the deep reactions that mask unconscious apprehensions”, then that mechanistic “robot” education will have come to life itself with blood flowing through its veins.

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VOCATIONAL GUIDANCE

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FRANKLIN J. KELLER

SCOPE

VOCATIONAL guidance is child guidance grown old enough to be looking toward a job, and a little later, looking *for* a job. It is concerned with child behavior grown up to adult behavior, among adult fellow workers and adult clients or customers—plus considerations of occupational skill. Despite the continuing controversy regarding the relative importance of general education and vocational education, it is pretty generally agreed in these days that a school education, at whatever age it is terminated, should eventuate in some degree of vocational competence. While there is also some feeling that such vocational competence should not be directed down too narrow a groove, it is patent that some degree of specialization is inevitable. Any degree of specialization means the choice of an occupation or at least of a group of occupations. Vocational guidance procedures are designed to assist in making that choice, in obtaining effective training, in securing a job, and in advancing in the field.

WHAT VOCATIONAL GUIDANCE IS

It has not always been easy to secure agreement as to just what vocational guidance is. However, putting together all the diverse opinions, it adds up to something like this.¹ Vocational guidance (a) helps the individual to understand himself, using every scientific, pedagogical, and personal device to arrive at a complete analysis. (b) It helps the individual to understand the occupational world in which he lives, appropriating the results of every other force that contributes to his understanding of the world at large. (c) It helps him to choose that field of occupation in which his individuality may operate successfully and happily, and to acquire proficiency in it. (d) Finally, to place him on a job within his field of occupation and provide help such as will enable him to advance to the limit of his capacity. Obviously if these purposes are accomplished, vocational guidance implements both school and non-school education to the end that such education may do what it has always professed to accomplish—that is, to prepare boys and girls for life. More specifically:

¹ Keller, Franklin J., "Vocational Guidance," *Social Work Yearbook*, 1939. Russell Sage Foundation, New York, 1939.

"a. *Individual Analysis* involves the observation and testing of interests, aptitudes, and capacities, the observation of reactions to home, school, and work experiences, the thoroughgoing examination of all physical characteristics, and a study of all recorded evidence, both subjective and objective, that will throw light upon the complete personality of the individual. This is the modern, scientific version of 'know thyself'.

"b. *Occupational Analysis* gives the individual general information regarding all occupations, and more and more detailed information about those occupations for which he seems fitted. This includes the description of actual professional and trade practices, the detailing of the qualifications of workers, the probable trend of the occupation, both as to number of workers, and as to income, and a recital of all other factors contributing to desirability or lack of desirability.

"c. *Vocational Choice and Preparation* result from the juxtaposition of individual and occupational analysis, the coalescing in one individual of an understanding of himself and of occupation. Whether this is wise and effective depends upon the skills and personalities of the teachers and counselors with whom the individual comes into contact. The term "counseling" is often used to designate the personal relationship between counselor and individual through interviews, conferences, and lessons. These lead to the choice of courses or institutions for the acquisition of definite skills and knowledges in the chosen occupation. This is vocational education.

"d. *Placement and Advancement* are the outcome of a canvass of the current opportunities and continued watchfulness of trends."

THE NEED FOR VOCATIONAL GUIDANCE

While organized vocational guidance is a comparatively modern social activity, extending not much over a generation, and subject during that period successively to scorn, indifference, and acceptance, it is now generally acclaimed (often too generously acclaimed) as the solution of many of the problems of youth. There is general recognition of need and considerable action towards providing adequate facilities. As late as 1938, the President's Advisory Committee emphasized the importance of vocational guidance.² "In few fields of endeavor are the existing social facilities more inadequate than in vocational guidance. The ever increasing complexity of our industrial economy emphasizes the need of young persons for vocational guidance in choosing and preparing for occupations that will be suited to their respective abilities, needs and interests, and in which they will have opportunity to secure employment."

The need for vocational guidance expresses itself emphatically by mere weight of numbers. The mere fact that more than two million boys and girls, young men and young women, leave school each year to mingle with the working

² The Advisory Committee on Education. *Report of the Committee*. United States Government Printing Office. Washington, D. C., 1938.

and non-working population, suggests that, in neither good times nor bad, do they automatically adjust themselves to a wage earning life. During the recent depression they left school more reluctantly because often there was no other place to go. In the more recent war boom, they left school all too readily because there was big money everywhere. In neither case was there easy adjustment. Often it was approximate, sometimes it was nice. Somewhere between these two extremes lies, or perhaps some day will lie, a normal balance between opportunity and demand. However, no matter what the economic or political conditions may be, the two million youth will continue to mingle. Whether they coalesce or just remain an unstable mixture, explosive perhaps, will probably depend upon, among other things, sound vocational guidance.

Basically, however, the need for vocational guidance is qualitative rather than quantitative. The two million youth are two million different individuals among twenty or thirty thousand different kinds of jobs in thousands of different kinds of localities. Moreover, as they grow older, pass from youth to young manhood and young womanhood, from young manhood and young womanhood to early middle age, from early middle age to late middle age, from late middle age to early old age, and so on, as some kinds of jobs disappear and new jobs take their places, there is continued need for readjustment. Meaning, more vocational guidance. For ordinarily, chance and circumstance play an enormous part, undoubtedly with incalculable human, social, and financial waste. Physical and mental health are impaired. Families are disrupted. Industrial, agricultural, and commercial production is slowed up. When strength and efficiency are paramount needs, the nation is neither as strong nor as efficient as it might be.

Specialization in industry, technological changes, closing of the economic frontier (one of my commentators says, "Bosh! it's wide open")—all these influences have decreased the opportunities for individual observation of occupations and therefore have decreased the opportunity for individuals to make choices based upon first-hand evidence. At least in the larger communities, youth can no longer, as he casually walks home from school, observe the iron worker, the wood worker, the butcher, the baker, or the candlestick maker plying his trade. On the other hand, means of communication by word of mouth, in print, or in pictures, have increased to an enormous extent. Whether or not there are substitutes for first-hand observation, or even first-hand experience, is problematical. However that may be, these means must be used and developed to the highest degree of efficiency. Books, magazines, newspapers, radio, in and out of school, through public or private agencies, must all be used to help each individual find a satisfactory place in the world of work.

In a handbook on child guidance the emphasis upon differences in personality is both implicit and explicit. The vocational phase of guidance implies an accurate knowledge of the kinds of personality required by the many

thousand different kinds of jobs To use a term that is not psychologically accurate, in that it seems to ignore the element of change in growth, personalities and jobs must be "matched." If the matching is always considered tentative, to be repeated again and again with the same individual until some relative stability is reached, the term is accurate enough. Obviously, since vocational guidance begins with a personality, with a congeries of behaviors, with a child who has problems, and too often, perhaps, with a problem child, there seems to be no better way of revealing the true nature of vocational guidance than to consider a few cases of child guidance as they gradually develop into problems of vocational guidance. This is the purpose of the following section.

FROM CHILD GUIDANCE TOWARD VOCATIONAL GUIDANCE

Only a brief synopsis can be given of the problems involved in the following cases.*

a. *Case of A.* Girl, fifteen and one-half years of age at time of admission to the school, sub-normal intelligence, parents possess advanced social and professional status. Parents never acknowledged girl's limited ability; had attempted to force an academic curriculum upon her. When efforts failed in public school, she was placed in a private school There too there was no success. The child was brought to the vocational high school for guidance. Original interview with parents revealed that girl was very unhappy because of the demands that had been made upon her. This unhappiness resulted in a marked defensiveness. The primary problem was to make the family realize the child's limitations. The girl was exposed to a tryout course in the trade subjects, finding herself finally in beauty culture, where her achievement far exceeded her supposed limited ability. Hers is the usual success story: a happy child made so because she was permitted to work at a pace that was satisfying to her, to the school, and to her family.

b. *Case of B.* In this case vocational guidance had to be side-tracked until detailed personality guidance—actually psychiatric treatment—had been given. B's background is similar to that of A. B's maladjustments were evidenced by excessive fantasy, profound inferiority feelings, boastings, lying, incapacity for self-criticism and eccentricities which might reasonably be expected to tax the patience of any employer. It was recommended that B be placed under the care of a competent psychiatrist, but that she be kept occupied while psychiatric treatment was going on, choice of this activity to be left to the psychiatrist. It was also suggested that B should not be unnecessarily exposed to situations which would aggravate her abnormal fear of failure. B had several very desirable personality traits for an individual of her intellectual capacity. Among these were cheerfulness, desire to please, and perseverance.

* Submitted from case records by Nathan Luloff, Head Counselor, Metropolitan Vocational High School, New York City.

After B's general adjustment had been improved, these desirable traits were expected to express themselves more freely and to be of great value to her vocationally

c. *Case of C.* When first seen in the guidance office, a very sensitive fifteen-year-old boy of very superior intelligence. His personality problem appeared to be a direct consequence of his becoming a refugee at the age of 15, uprooted from a happy home and school life abroad and placed in a home of relatives whom he did not know and did not like. C, who had looked forward to further schooling on a university level, was faced with the necessity of becoming a wage earner as soon as possible. He did not care what trade he studied, as long as he could make money at it. All tests—intelligence, achievement, and aptitude—revealed marked ability. But there was apathy and distrust, preventing a determined effort to choose a vocational goal. To give the youngster actual responsibility at the outset, he was assigned a program of part-time school and part-time work. Interest became keen, and in spite of his part-time job, the boy became an avid reader of texts in electrical wiring and installation. He remained in school until he was graduated. The drive that was lacking at first carried him on from one job to another, so that within three years after graduation, he became a shop foreman in an assembly plant.

The fact remains, that in a great many cases where personality difficulty is acute, the resources of the school are very limited in its attempt to obtain adjustment adequate to meet the needs of further training and subsequent placement in industry. Experience has shown that the marked personality deviates have a history of maladjustment that dates back to their early years. To this is added a lack of understanding on the part of the parents, so that the cooperative effort from the parents is usually not forthcoming.

ALL KINDS OF GUIDANCE

The all-too-baffling ramifications of the human personality, as exemplified to some extent in the foregoing cases, have led the devotees of guidance into some queer controversies and unfortunate confusions. The relative importance of educational and vocational guidance (or whether one included the other) has been the subject of vigorous debate. Some enthusiasts have contended for the recognition of a multiplicity of guidances—not only educational guidance and vocational guidance but religious guidance, guidance for home relationship, guidance for citizenship, guidance for leisure and recreation, guidance in personal well-being, guidance in right-doing, guidance in thoughtfulness and cooperation, and guidance in wholesome and cultural activities. At some stages of development, almost magical qualities have been conferred upon the word guidance, culminating in the assertion that "all education is guidance", or "all guidance is education", or "guidance is all of education." For many years members of the National Vocational Guidance Association have differed upon the desirability of retaining the word "vocational" in the name

of the association. In actual practice, undoubtedly all of them invoke every known social, psychological, and economic aid for the effective guidance of their clients, seldom worrying about the necessity of conferring a given name upon this member of the guidance family.

These fine distinctions need not confuse us. We are concerned with the orientation of an individual toward a job, a vocation, and we too shall, for purposes of diagnosis, seize upon all available bits of information regarding every phase of his life and shall use every known device to enable him to make a satisfactory adjustment to the occupational world. Nevertheless, as *vocational* counselors, we must keep a steady eye on this goal of *occupational* adjustment and not be drawn off into the fascinating by-paths that lead to adjustment in all the other phases of life, except insofar as these are primary and pertinent to a "good job."

Patently, vocational guidance may occur almost anywhere, any time, through anybody or any event. It may occur by accident or by design. It may be bad vocational guidance or good vocational guidance. But it certainly does occur.

The earliest organized efforts in vocational guidance were supported by private individuals or organizations. However, insofar as children were concerned, these activities soon gravitated to the schools, which have, regardless of everything else, one great advantage—they have all the children within their grasp and control for twenty-five or thirty hours a week. Even those schools that were sympathetic were slow to understand, and there are still enormous areas where child guidance is only the name of some new-fangled psychological notion. Nor has it been easy to reconcile the claims of psychiatrists, physicians, psychologists, visiting teachers, vocational counselors, and physical training teachers, to say nothing of just ordinary teachers. However, much progress has been made and some reasonably effective systems have been devised. The importance of recognizing the role of child guidance technique for vocational guidance is emphasized by the physician who for many years directed the child guidance bureau of the New York City Board of Education and is now associate superintendent of schools:³

a. *How They Choose Their Vocations.* "The field of Vocational guidance offers one of the richest opportunities for the practical application of psychology and mental hygiene. The increasing number of boys and girls who are daily leaving our elementary, junior, and senior high schools to go to work in order that they may contribute to reduced family incomes has added a further challenge to those practicing in this field.

"In vocational guidance we may, by technical methods, study certain attributes, capabilities, or habits of an individual. If we are interested further, however, in their successful application in practical situations, we must also know and understand him in his completeness and complexity as a psycho-

³ O'Brien, Frank J. "How They Choose Vocations". *Occupations, The Vocational Guidance Magazine*, 13. November, 1934, p. 126.

biological organism. Important as it is for guidance purposes to obtain the knowledge of an individual's particular vocational abilities and disabilities, it is equally important to evaluate him in his totality, both as individual and as social being.

"It is particularly necessary that there be an understanding of those attitudes and habits which are an index of his capacity to use the special abilities consistently and constructively in the total job situation. The reasons for an individual's vocational choice, his attitude toward authority, his opinion of his confrère, attitudes towards those who may look to him for advice or help in some other way, ability to complete a task or accept new responsibilities, degree of dependability, capacity for coping with difficult or unpleasant situations, and other like personality traits and mental habits have much to do in adding to or detracting from his capacity to function successfully in the job.

"Success in any profession or trade is dependent upon, first, the possession of the required specific ability and, secondly, the existence of a state of physical health, personality traits, and habits necessary for working harmoniously and efficiently on the job."

b. *How a City School System May Organize Its Child Services.* Persons interested in children—parents, social workers, physicians, psychiatrists, and others—are often appalled or surprised when they try to get out of a school anything beyond the mere teaching of subject matter. Where the child guidance spirit and techniques do not exist, both the child and his sponsor are frustrated. Where a program has been established or even where some enthusiastic and intelligent individual has made a beginning, there is satisfaction, even delight, with an approach to what truly constitutes education.

In the larger school systems glimmerings of understanding emerged from the least expected quarters. "Truant officers" became "attendance officers" and then "social workers". "Physical training teachers" became "health education teachers", and so on. Visiting teachers, vocational counselors, and child study workers have made a more direct approach, but obviously all these benevolent influences have required some kind of coordination in order that they may not kill the child with service. The Rochester, New York, school system provides such coordination in the person of a "coordinator of child services", acting under the authority of an assistant superintendent of schools. Under the coordinator the director of the department of coordination and research has, as a major function, (1) to act as a conference center for the consideration of policies and cases in which all the child services should work as a unit, and (2) to secure integrated action in projects involving two or more of the child services. There are six of these services, each of them with one to ten functions. Visiting teacher department, child study and special education department, department of educational and vocational guidance, health and physical education department, parent education and child development department,

and attendance department. The special functions of the department of educational and vocational guidance, with which we are here concerned, are:

- (1) To organize and direct a guidance counseling service in each school to assist pupils in formulating long term educational and occupational plans.
- (2) To determine with heads of departments the possibilities of integrating guidance material with the course of study in their respective fields and to develop this material.
- (3) To develop a close coordination with all other functional services of the school system which deal with pupil personnel.
- (4) To maintain cumulative records embodying psychological, physiological, and sociological information and personality factors essential to guiding individuals in educational and occupational plans.
- (5) To cooperate with existing agencies in securing employment and in maintaining a follow-up service for all drop-outs and all graduates of secondary schools.
- (6) To catalogue material containing authentic information for use in guidance.
- (7) To develop basic courses of study for group guidance instructions and publish professional and occupational guidance leaflets.
- (8) To maintain files of occupational and educational information in each school guidance department.
- (9) To sponsor and direct a program for the improvement of counseling methods.
- (10) To study local educational and occupational opportunities in cooperation with existing public employment agencies.

A consideration of these functions will readily indicate the extent to which vocational (and educational) guidance cut across all other child services.

c. *Vocational Guidance for All the Children.* In other chapters this Handbook refers to the "normal" child, the "very bright" child, the "sub-normal" child, and the "pathological" child. Vocational guidance is for all of these children, wherever they may be found. That is to say, vocational guidance is all for those who give any evidence whatsoever of being able to work for a living, to earn money, to render service. Presumably, all those who are able to attend public school will fall into this category. If, as children, they can find their way to a school building, they are likely, as adults, to find their way to a place of employment. This applies also to both the physically and the mentally handicapped. As a matter of fact, it is these abnormal youngsters who receive the greatest amount of service. In many school systems, where they are given considerable care, the normal children go on passing or failing in the various

school subjects, while their individual differences and vocational preferences are ignored.

It is heartening to note the tendency of child guidance people themselves to broaden the point of view in order to bring all children within their sphere of influence "Educators and psychologists, on the one hand, and medical mental hygienists on the other hand, are unanimous in advocating clinical guidance for all school children, with psychiatric assistance when needed. The former are likely to define "child guidance" in terms of various types of adjustment procedures for all types of problems found among school children. The latter tend to restrict it to psychiatric and associated techniques used for the adjustment of behavior or personality problems.⁴

d *The Medical Phases of Guidance.* Vocational guidance is vitally concerned with medical services. In the first place, good health contributes not only to a sense of well-being, a bright outlook upon life, and happy relationships with other human beings, but is an exceedingly important factor in fitting individuals for as wide a variety of jobs as possible, and also in increasing the total number of persons who can render efficient services and produce usable goods for other individuals and therefore for society at large.

An effective health service can remove many defects, but when these are at the irreducible minimum, their possessors remain unfit for certain occupations. The sooner they are aware of their disabilities, the sooner they can make wise choices of vocations for which they are fit. It is patent that very few jobs require perfect physical specimens. While the prospective navigator must not be color blind he can fill many jobs in and around ships, and thousands of jobs on shore, in which color blindness is no handicap at all. Flat feet may prevent one from becoming a saleswoman but not from becoming a typist. Whereas the discovery of irremediable defects provides data for effective negative guidance, the observation of particularly prominent physical characteristics will enable youth to make the most of their assets.

Among the so-called "handicapped" the possibilities are the most dramatic. Handicapped for what? The lame, the halt, the blind, and the deaf perform many highly skilled operations, earning their subsistence, and often earning a complete living. For this type of person, physio-pathological, psychiatric, and psycho-therapeutical service is an indispensable accompaniment of good vocational guidance.

e *The Social Aspects of Vocational Guidance.* Vocational guidance is concerned with all the social aspects mentioned in this Handbook. Sex, delinquency, social minorities, religions are all factors in vocational guidance. It is concerned with the jobs that Negroes can get and cannot get, the jobs that ex-convicts can get and cannot get, the jobs that men monopolize and women monopolize, the jobs that are closed to Jews, closed to Catholics, closed to

⁴ Martens, Elise H., *Clinical Organization for Child Guidance Within the Schools*. U. S. Office of Education, Bulletin 1939, No. 15, U. S. Government Printing Office, Washington, 1939 P. 5.

Protestants, closed to non-believers and unbelievers and jobs that are open to Jews and all the other faiths. These are not pretty problems, they are not pleasant commentaries upon the human race, but for each individual they are crass reality, which he has to face. The task of the vocational counselor is to help him see that reality and, if possible, help him face it.

f. *Training the Doctor, the Psychologist, and the Social Worker for Child Service.* Much has been said and written about the ignorance of the teacher regarding problems of mental hygiene. Probably all of it is true. Not so much has been said about the ignorance of the doctor, the psychiatrist, and the social worker regarding the problems of learning. Nor about the fancy diagnoses and altogether impractical prescriptions returned to schools, along with the patient. Nor has so much been said about the ignorance of the school teacher, and more pertinently, the administrator, regarding learning problems in a more favorable milieu or with a more sensible course of study. Probably, all workers with children should be very humble, but they should spare no efforts to become very wise, to learn about the problems of other child workers, and to put more and more emphasis upon therapeutics.

"The grace needed by all of us who are actively concerned in the field of guidance is *humility*—a humility that will enable us to recognize our own limitations and to respect the sacredness of our responsibility in our efforts to help fashion the lives of others."⁵

TECHNOLOGICAL AND ORGANIZATIONAL CHANGES

No topic in recent times has given more play to speculation than "technological changes." Even the war is said to be a technological war, a war of machines rather than of men. Obviously, the advent of the machine has changed the nature of demand upon workers, although there is wide difference of opinion as to whether these changes are fundamental or superficial. Whatever their extent or intensity may be, they certainly hold inescapable implications for vocational guidance.

a. *The Iron Man.* "We are becoming a nation of button-pushers and lever-pullers." "The work performed by each individual has become more and more important and insufficient performance correspondingly so." Who is right? Shall we train for leisure time activities so that the "worker" will have something to do when he is not pushing buttons or pulling levers, or shall we train for this "more and more important work"? Assuming that some kind of training is necessary, shall we train for versatility so that the worker may shift easily from one job to another or shall we train for efficiency on one of the many highly specialized jobs? Shall we fortify the individual against the evils of inactivity, of noncerebration, and idleness, or shall we help him compensate for the effects of nervous and feverish industry? The eager earnestness with which both courses have been advocated would seem to

⁵ O'Brien, Frank J., *Op. Cit.* P. 133.

indicate that the iron man, like his human prototype, lacks discrimination in dealing with his fellow workers

b. *Better or Worse?* It is easy enough to pile up instances of the beneficent or the maleficent effects of the impact of the machine. The making of shoes is a classic example. By subdividing the work into some 210 processes, each one performed by a different worker, most of them simply tending a machine, a few performing hand operations, production has been stepped up from the five or six pairs a week of the hand worker, to forty, fifty, even a greater number of pairs a week per worker. The exact number depends largely upon the extent to which quality, or rather individuality, is sacrificed to speed, although, generally speaking, the product of the machine can and does rival the quality of the hand product. Instead of being an artist, a craftsman, a personal purveyor to an individual wearer of shoes, the shoemaker is now one who, with few exceptions, does actually nothing but press buttons or pull levers. How much better off are he and all his fellow workers? Is he happier on his job? Can he wear better shoes? (He probably does much better in this respect than the cobbler's children who, proverbially, have always been poorly shod.) He probably works much shorter hours than his craftsman predecessor. It is a nice problem, this balancing of advantages and disadvantages.

Take mining. The picture of women, crawling on their hands and knees through the coal mines of England, is not enchanting. The entire mining industry reeked of dirt and squalor and sickness and darkness and death. Today it is still no job for a woman, but electricity has carried into the mines brilliant lighting, power-driven cars, power-driven mining tools, fresh air, and a considerable degree of safety. More recently labor organizations have brought about other workers' benefits. On the whole, mining has become an almost human kind of work. Probably nobody ever becomes a miner through the efforts of a child guidance worker or a vocational counselor. On the other hand, these social servants can look with a little more equanimity upon the effects of the machine.

c. *The Depression and Unemployment* The most devastating putative crime of the technological ogres has been unemployment. That such unemployment exists is unquestioned, but whether, in totality, unemployment caused by one technological change is not balanced by re-employment caused by another technological change, is a question for which there is no easy answer. Machine telephone switching certainly throws telephone operators out of jobs. However, it may very well be that the number of people engaged in manufacturing and maintaining machine switching operators, the increased number of workers needed for the increased use of the telephone, and the higher standard of living produced by the greater availability of telephone service, will more than compensate for the loss. More shoes and more comfortable shoes, more heat and more equable heat, more talk and more

friendly talk, may not only tend to maintain the employment level but may make such employment much more meaningful than it used to be.

Curiously enough, mechanized warfare has abolished the depression and unemployment, and has put millions of people to work. At the same time, from the peace industries, it has thrown hundreds of thousands out of work. The machine has moved on inexorably. The earth has not been able to give up raw materials fast enough. The war has brought to machine workers high wages and long hours. It has also brought a high cost of living and a scarcity of things to buy. It has brought high taxes. It has brought death and destruction. The outcome can be only a very low standard of living accompanied, when hostilities cease, by unemployment on a grand scale. These too are the effects of the machine.

d. *Civil Service, Labor Unions, Social Legislation.* Governmental machinery has been improved technologically almost as rapidly and effectively as ordinary productive machinery. And often, with even greater effect upon the worker. Consider the tremendous increase in the number of workers for government. Consider the effects of civil service, tenure, freedom from the nervous drive for profit, freedom from the fear of sudden discharge. The strength of the labor unions, supported by legislation, has carried with it, to a certain extent, similar security and freedom. In some states, labor legislation has practically eliminated the problem of child labor. Recently the New York State Child Labor Committee voluntarily disbanded because in New York State the laws, enforced by an active state Labor Department, had removed the necessity for continued agitation and vigilance by a non-public body.

e. *The Balance Sheet.* The foregoing paragraphs are more or less desultory approaches to a consideration of the effects of modern technological, economic, social and political changes upon the task of the vocational counselor. Obviously it is not nearly so simple as the doleful pessimist or the incorrigible optimist would make it. The details are fascinating and deserve careful study.⁶ In what he calls the "Balance Sheet", Chase lists the effects that are manifestly good, manifestly evil, and both good and evil. Under the first category he notes: "The life span of modern peoples has grown longer. Higher living standards have been secured for a larger percentage of the total population than has ever before been obtained. Hours of labor have decreased in recent years." (Chase wrote in 1929. The war will undoubtedly tell a different story.) "Superstition is declining. Certain machines, particularly the automobile, have tended to expand the ego, promote self-confidence and a sense of power in persons and classes who otherwise might go timidly to their grave. The

⁶ Chase, Stuart. *Men and Machines*. Macmillan. New York, 1929.

Prosser, Charles A., and Allen, Charles R. *Vocational Education in Democracy*. D. Appleton-Century. New York, 1925. Chapters II, III and IV.

Viteles, Morris S. *The Science of Work*. Norton. New York, 1934.

Watkins, Gordon S., and Dodd, Paul A. *Labor Problems*. Thomas Y. Crowell. New York, 1940. Chapter VI.

Almost any magazine or newspaper, any month or day, has an article on this topic.

mechanical operation of industry is beginning to introduce a 'philosophy of fatigue', whereby elaborate tests determine just how long a given individual can work without fatigue poisons damaging his output "

Among the effects that are manifestly evil Chase notes. "The menace of mechanized warfare grows daily more ominous—particularly in respect to the airplane capable of the three-dimensional attack " (The menace has arrived) "The tenuousness of connection and balance in the interlocked industrial structure also grows The factor of monotony and worrisome repetition in mechanical work is an ever-present evil, particularly if the worker is temperamentally ill-adjusted to the process. Specialized tasks are sundering the ancient trinity of work, play, and art, and thus tending to upset an admirable, and perhaps biologically necessary, human equation It is claimed that the ratio of mental diseases to the whole population is increasing The increased speed and use of the mechanical processes has made for a greater accident rate in the United States since 1920." (Of course, war has raised the "accident" rate to hitherto unbelievable proportions)

Among effects both good and evil Chase lists: "Machines uproot old skills but create new ones. The factory puts women and children to work under conditions which are frequently intolerable The power age has broken up the mores of marriage, the family, religion, to a marked degree Life moves faster than it ever did; there is far more to experience, and rather less emotional ability with which to experience it."

Anyone who wishes to play around with the fantastic extremes can read Samuel Butler's "Erewhon," the land where it is a crime to use or even be found in possession of a machine, or Aldous Huxley's "Brave New World," where even human generation is reduced to science and the machine

f. *Technology and Organization and Vocational Guidance* What does all this mean for the individual who must earn a living and for the vocational counselor who must help him find the best way of doing it? In one sense the task is no different from what it has always been The individual must know himself, must know about the job, and must find the type of work to which his individuality is adapted. Even technological changes are not new Machines have existed for a long, long time During the past century development has been rapid The individual and the vocational counselor must just quicken their pace. A little more specifically

(1) They must know jobs in totality. There is no ideal job. Some routine, some drudgery accompanies all gainful activities. But compensations exist and both the prospective worker and the vocational counselor must be fully conscious of them.

(2) The individual cannot accept himself merely as he is and then look for the job into which he can neatly fit his personality. He may have to pare off the protuberances and file off the rough edges He may have to change his personality to fit the job or, in any case, prepare himself mentally and emo-

tionally for those elements that would have been disagreeable, to the end that they will turn out not to be disagreeable but simply normal accompaniments of work that has to be done.

(3) Once more, and finally, both worker and counselor must remember that they are living in a dynamic, not a static, world.

HISTORY OF THE VOCATIONAL GUIDANCE MOVEMENT

The story of vocational guidance is concurrent with the story of human striving for self-sufficiency, with the story of gainful work. The "history" of vocational guidance is an account of the endeavors of particular persons to devise either common-sense or scientific methods to discover vocations for which they are best adapted. In pastoral, agricultural, or domestic economies there was little need for this kind of organized effort but with the coming of the machine, the concentration of production, the growth of cities, the development of transportation, the vocational processes were obscured from the sight of the average young person, job-getting procedures became complicated, and most people, either young or old, found it difficult to acquaint themselves either through experience or observation. In a simpler society, for better or for worse, the vocational destiny of an individual was pretty well marked out from birth. In a complex society, there is no destiny, but only bewilderment and puzzlement, unless vigorous and intelligent guidance is injected into the educational process.

The formal history of vocational guidance has been written in considerable detail by one of the pioneers.⁷ We need be concerned here with only a few names and dates. It is generally conceded that vocational guidance started as a definite movement and influence in 1908 with the organization by Frank Parsons of the Vocation Bureau in the Civic Service House in Boston. Shortly afterwards Parsons died and the work was taken up by Meyer Bloomfield, Director of the House. In 1917 the Bureau was moved to the School of Education in Harvard University, renamed Bureau of Vocational Guidance, and in 1919 came under the direction of John M. Brewer, who, in 1916, had begun the first full-time program of teaching vocational guidance. The activities of the Bureau included conferences with persons who wished vocational guidance, conferences with school people, employers, labor unions, social workers, legislators, and others who were interested in fostering guidance programs; correspondence about plans and policies; courses and lectures at interested institutions, and investigations leading to publications on guidance.⁸

No educational program can be fully effective without the accompaniment of vocational guidance in some form or other. It was natural then that school systems should be interested in appropriating the experience of the Boston

⁷ Brewer, John M. *The Vocational Guidance Movement*, Macmillan New York, 1919.

Brewer, John M. *The History of Vocational Guidance* Harpers, New York, 1942

⁸ Keller, Franklin J., and Viteles, Morris S. *Vocational Guidance Throughout the World*. W. W. Norton and Company, New York, 1937 P 31

Vocation Bureau Extensive programs developed in Boston, Pittsburgh, Cincinnati, Providence and a number of other cities. Of great significance was the establishment of a Division of Applied Psychology at the Carnegie Institute of Technology just before America's entrance into World War I. From this development came the personnel work in the Army and highly significant work in the measurement of vocational interests. The development of both intelligence testing and a personnel system in the United States Army during World War I had a profound effect upon guidance philosophy and methodology, not only during the war but at its conclusion. Student personnel programs were developed in many of the colleges and today few institutions on the college or university level fail to give more or less attention to the guidance of their students, starting even before admission and extending to several years beyond graduation. In a few the service is intensive, in too many it is superficial.

Just as the movement itself started in a private welfare institution it has been picked up and developed extensively in many other similar institutions. The various "Y" organizations, service clubs such as Rotary, Kiwanis and Altrusa, have all recognized the need and have made some attempt to meet it. Federal employment offices have adopted vocational guidance procedures as standard procedure in their placement activity. Correctional institutions have embraced guidance as an essential feature of correction.

For the furtherance of the objectives of vocational guidance and for the extension of its influence, teachers, counselors, administrators of both public and private welfare organizations, and laymen have banded themselves into organizations. The National Vocational Guidance Association was organized shortly after the first national conference in Boston in 1910. In 1915 the association began the publication of a four-leaf folder, known as the Vocational Guidance Bulletin. In 1922 responsibility for publication was assumed by the Vocation Bureau of Harvard University; in 1924 it became the Vocational Guidance Magazine, and in 1933 it was retitled Occupations, The Vocational Guidance Magazine, and published by the National Occupational Conference. Publication was resumed by the association in 1939. The National Occupational Conference was an independent body, organized and financed by the Carnegie Corporation for the promotion of vocational guidance objectives. During its existence, from 1933 to 1939, it initiated many programs that were later taken over by continuing governmental or private organizations.

The history of the movement is really written in the numerous general texts that have appeared during the last thirty-five years. These are listed in the bibliography at the end of this chapter and will provide detailed documentation for the practical worker and student.

VOCATIONAL GUIDANCE FUNCTIONS AND FACTORS

The conscientious student of human beings is always torn between the practical necessity of isolating traits for treatment and the patent importance

of "seeing the child whole". Only by repeated self-reminders can we keep the whole child in view while we dissect him to see what makes him tick—or not tick—and to devise means for keeping him going or starting him up again.

So, in this section we list, with brief comment, the functions of an effective guidance program and the factors that seem to determine vocational success. As is to be expected, these functions vary with educational philosophy, with bases of classification, and with practical considerations. For purposes of comparison several classifications are given.

FUNCTIONS IN TERMS OF PERSONNEL SERVICE

With special reference to the secondary school, Myers⁹ lists the following eight functions as essential for an adequate personnel service.

a. *A Vocational Information Service.* Aiding the individual to obtain needed information concerning occupations

b. *A Self Inventory Service.* Aiding the individual to obtain equally needed information pertaining to his own abilities, aptitudes, limitations, and personality traits—his personal assets and liabilities.

c. *A Personal Data Collecting Service.* Providing the basis for the counseling service that follows

d. *A Counseling Service.* Helping the individual to weigh and evaluate his personal assets and liabilities in relation to the opportunities and requirements of occupations that interest and are open to him, and to make plans that are based on resulting decisions.

e. *A Vocational Preparatory Service.* Assuming that a choice of occupation has been made, at least tentatively, the problem now confronting the individual is that of making such preparation as is desirable, either before or after actually entering full-time upon the occupation chosen.

f. *A Placement or Employment Service.* Aiding the individual who has chosen his vocation and has made such preparation as seems practicable, to get off to a good start by entering that vocation advantageously.

g. *A Follow-up or Adjustment Service.* Aiding the individual to make necessary or desirable readjustments after entering upon his vocation.

h. *A Research Service.* This includes particularly occupational research—the gathering and keeping up-to-date of information concerning opportunities and requirements of local occupations. It includes, also, evaluation of the techniques and methods used in the other services.

FUNCTIONS UNDER A BROAD CONCEPTION OF GUIDANCE

Under a broad conception of guidance, Jones¹⁰ suggests two large classifications: investigation (getting the facts) and methods (doing something about them).

⁹ Myers, George E. *Principles and Techniques of Vocational Guidance*. McGraw-Hill, New York, 1941, P. 104.

¹⁰ Jones, Arthur J. *Principles of Guidance*. McGraw-Hill, New York, 1946.

a *Investigation*. Effective guidance must be preceded by a complete realization of the kind of person to be guided. He must know himself and the vocational counselor must know him. The counselor may gather the facts from ordinary school records, from casual conversation, from formal interviews, from research procedures. They may be evolved through special types of school organization, through tests. But no stone may be left unturned to get them. Important sources are.

- (1) School records. Obviously these are useful to the extent that they are accurate and detailed.
- (2) Flexibility of organization. By flexibility of grading and promotion, by individualized instruction, by the use of all known devices for stimulating the best efforts of the pupil. The school is obligated to reveal his potentialities.
- (3) Tryout and exploratory activities. By making available to the pupil as many different learning experiences as possible, the school reveals facts about the pupil that would otherwise have been buried.
- (4) Tests. A test is essentially a miniature experience, one that reveals facts more quickly and less expensively than the actual experience. When time and money are not available, a test is the only recourse.
- (5) Estimate of personality traits and self-analysis. This is essentially a systematization of the casual judgments of personality, by oneself and by family members, teachers, and friends.
- (6) Psychiatrists and visiting teachers. Systematically, scientifically, and conscientiously these people make every effort to bring to the surface the real reasons for the behavior of the individual.
- (7) Assembling facts about schools and occupations.

b *Methods*. After all the facts are gathered, or even while they are being gathered, the school or other vocational guidance agency is engaged in helping the individual to fit these facts into a pattern that will eventuate in intelligent action. These methods, to be developed in some detail later in this chapter, are:

- | | |
|-----------------|---------------|
| (1) Instruction | (5) Choosing |
| (2) Tryout | (6) Placement |
| (3) Exploration | (7) Follow-up |
| (4) Counseling | |

A PRACTICAL SCHOOL CLASSIFICATION

For purposes of school administration a somewhat different classification is desirable:

- | | |
|---------------|---------------|
| (1) Admission | (4) Records |
| (2) Testing | (5) Tryouts |
| (3) Health | (6) Placement |

- | | |
|-----------------------------------|----------------------------|
| (7) Social welfare | (9) Teaching personality |
| (8) Teaching occupational welfare | (10) Advisory coordination |

FUNCTIONS AS DETERMINED BY SOCIAL AND ECONOMIC CHANGES

For purposes of discussion rather than for practical day to day application the following classification is useful:

- (1) In the home
- (2) In industry, business, agriculture, etc.
- (3) In labor organization
- (4) Shift in population
- (5) In standards of living
- (6) In demands for school education
- (7) In length of school life

FACTORS DETERMINING VOCATIONAL SUCCESS

The foregoing classifications are school classifications. They are useful to the child guidance worker insofar as they indicate the resources that are, or should be, available to all children of school age. However, for the purposes of this Handbook, it is probably much more useful to make an analysis of the individual, an analysis of occupation, and then to consider ways and means for matching these analyses to the end that individuals may find suitable occupations and occupations may attract suitable individuals. We shall therefore proceed with the analysis of the individual according to the following outline:

- | | |
|--------------------------|---------------------------------------|
| (1) General intelligence | (8) Economic status |
| (2) Special intelligence | (9) Social status |
| (3) Aptitudes | (10) Religion |
| (4) Interests | (11) School training |
| (5) Personality | (12) Relationships established—clubs, |
| (6) Physique | political parties and the like |
| (7) Sex | (13) Chance |

ANALYSIS OF THE INDIVIDUAL

It is important never to lose sight of the fact that such discussions as the following, based upon the dissection of the personality into the various characteristics that make up the whole, are for study purposes only. When the child comes into the laboratory, and when he goes out, these characteristics are not neatly stamped upon him. They must be painstakingly teased out, weighed, and then thrown back again into the mixture. They must be considered only in conjunction with all the other characteristics.

INTELLIGENCE

Intelligence has been and probably always will be the subject of controversy. Like electricity, everybody knows what it *does* but not what it *is*.

Since jobs are concerned with what a person does, the controversy need not trouble us here

a *The Nature of Intelligence*. For our purposes, we can even define intelligence as the quality or trait that is measured by intelligence tests. Or we can accept Freeman's definition: "Intelligence is represented in behavior by the capacity of the individual to adjust himself to new situations, to solve new problems, to learn."¹¹ Again, we can accept school ratings and school progress as a measure of intelligence, so long as we always give it weight only in conjunction with other traits, as in the case of the genius who does no school work

b. *Ranges and Levels*. The outstanding fact is that, in any group of successful practitioners in a single vocation, there is a considerable range of general intelligence, yet that range may be only a small part of the entire possible range of human intelligence. This provides indisputable evidence that other factors play an important part in success. Consideration of these ranges first became an important factor in vocational guidance when the results of the Army tests were published shortly after World War I.¹² Since that time numerous other investigations have been made and the results have been widely discussed.¹³ One of the more recent attempts to apply this information to practical counseling has produced the Minnesota Occupational Rating Scales.¹⁴ Briefly there are six classifications.

- (1) High professional and executive occupations: Requiring very superior intelligence with training equivalent to that of a college graduate from a first class institution.
- (2) Lower professional and large business occupations: Requiring superior intelligence with training equivalent to two or three years in college or to that of executive of moderately large business.
- (3) Technical, clerical, supervisory occupations: Requiring high average intelligence with training equivalent to high school graduation.
- (4) Skilled tradesmen and low grade clerical workers: Requiring average intelligence with equivalence of some training beyond the eighth grade.
- (5) Semi-skilled occupations: Requiring low average or slightly below average intelligence, with training equivalent to seventh or eighth grade.
- (6) Unskilled occupations: Requiring inferior intelligence only, with no formal training necessary

Obviously, to become a physician, a profession that lies in the highest category, requires intelligence enough to graduate from college and university.

¹¹ Freeman, Frank N. *Mental Tests* Houghton-Mifflin, Boston, 1926 P. 489

¹² Yoakum, C S and Yerkes, Robert M *Army Mental Tests* Henry Holt New York, 1920.

¹³ Myers, George E *Principles and Techniques of Vocational Guidance* McGraw-Hill, New York, 1941. Chapter 10,

¹⁴ Paterson, D. G., Schneider, Gwendolen, and Carlson, J. Spencer. *Minnesota Occupational Rating Scale*. University of Minnesota Minneapolis, 1936

In other words, the choice of occupation must be governed in part by ability to meet the demands of educational institutions engaged in preparing for that vocation. For this purpose, and thus assuming the possibility of getting into the profession, the individual must have enough intelligence, or enough of some other trait, to compete successfully with his fellow practitioners. Looking at it coldly and leaving out all other factors, it may be better for the individual to choose an occupation on a lower intelligence level in order that he may be nearer the top of the range and thus have an advantage over most of his fellow workers.

c Implications for the Job. During both the training and the practice period, the degree of intelligence will determine the extent to which the worker understands the "why" of his job (related technical knowledge), the extent to which he comprehends relation of his job to all the other jobs in the world, and the extent to which he reads about his job in trade or technical journals, discusses it constructively with his fellow workers, and promotes, through other activities, his vocational advancement.

APTITUDE

At any particular moment an individual is able to perform certain acts well, poorly, or not at all. He can write well or poorly, he can play tennis well or poorly, or if he has not tried to play, he says he cannot play at all. He can do mechanical jobs about the house well or poorly, or he shuns them and says he is no good at household mechanics. On the basis of his present performance we say he has ability or he has no ability. If we think that that ability gives promise of much greater performance, we say he has aptitude. He may have attained that ability in any one of several ways. He may have been born with it, he may have learned it of necessity, he may have worked at it with the deliberate intention of finding out whether he could do well in it, or he may have sought specific training in it. Undoubtedly the best way of discovering aptitude for any type of work is to try to do it under normal conditions. This is the traditional way and will probably continue to be the usual way for a long time to come. However, there are short cuts, and these will be discussed briefly.¹⁵

The principal concern of the vocational counselor is to help the individual discover the vocation in which he is likely to succeed, the vocation for which he has an aptitude. This is a matter of prognosis, prophecy, good guessing, all of which must be based upon what the individual can do at the moment of contact with the counselor. There are three ways of making a good guess:

¹⁵ The whole problem of aptitudes and aptitude testing is discussed in a masterly volume by Bingham. (Walter VanDyke Bingham *Aptitudes and Aptitude Testing*, Harpers' New York, 1937.) Bingham not only discusses the theory of aptitude, its relation to intelligence, interests, and achievement, but discusses in considerable detail the best of the specific tests that have been devised for the discovery of aptitudes and their effective use in counseling. For a brief treatment of aptitudes see Myers *Op. Cit.*, Chap. XI.

a. *Look at the Record.* What has he previously done that has significance for a vocation? What are his hobbies? What does he do of his own accord when he is under no social pressure to do anything else? What part-time, pin money jobs has he obtained and how well has he performed them? The counselor will get answers to these questions in such ways as are available—from the school records, from direct questioning of the individual, from interviews with parents, sisters and brothers, companions, physician, pastor, anyone who knows him. If the school has kept a good cumulative record, the task will be easy.

b. *Tests.* A test is simply an economical way of finding out what a person can do. It may reveal ability to do things which an individual has never had an opportunity or even a desire to do. The test must, of course, be valid. It must really test what it purports to test. Aptitude tests are numerous and varied. Bingham's book is an excellent guide. The author discusses and appraises tests for color blindness, visual acuity and astigmatism, auditory acuity, manual aptitudes, mechanical aptitudes, clerical aptitudes, intelligence, scientific aptitudes, and art judgment. As Bingham points out, and as must be continually emphasized, the results of these tests must be used only to indicate *probable* success, and must always be considered in the light of all other known facts about the individual.

c. *Tryout.* As has been pointed out, the best way to find out whether one can do a job is to try to do it. Experience is the best counselor as well as teacher. One may deliberately seek an experience for this purpose or a school may deliberately provide the experience as guidance to an individual. These are known as tryout, orientation, or exploratory courses. When they are given to children early enough to leave time for training and late enough to be accompanied by good judgment, they are one of the most valuable vocational guidance techniques. As will be shown later, they are also useful for giving occupational information and for motivating book work.

INTEREST

It is a commonplace that some people have succeeded in occupations for which they at first appeared to have no ability but for which they had a consuming desire. They were interested. It is also true that others have been compelled to do distasteful work which, as they acquired skill, became interesting. Good teachers are always very much concerned about motivation, which is simply interest put to work. In any case, interest is an exceedingly important factor in vocational success. Bingham puts it tersely:¹⁶

"Desire is akin to interests; and interests can be explored and inventoried. They can also be at least roughly measured, either directly or indirectly. We usually want to do what we like to do, and we like to do what interests us. Since people tend to find the keenest satisfaction in those activities which

¹⁶ Bingham, Walter VanDyke. Op. Cit., P. 61

challenge their sustained attention, there is abundant reason for canvassing their interest systematically and for helping them to arrive at a clear picture of their affective tendencies. This is the first and most obvious reason for attempting to measure a person's vocational interests: to find out whether he will probably like to do the work of the occupation in question.

"A second reason is, to ascertain whether the personal relationships within the occupation will probably prove to be congenial. The man who is interested in the same things that interest his colleagues, who likes what they like and dislikes what they dislike, is apt to feel at home among them.

"In the third place, it is known that there is some relationship—although the connection is far from close—between interests and abilities. More often than not, a person can learn to do best what interests him most, and, conversely, is likely to develop an interest in doing what he finds that he can do best.

"A fourth reason for measuring a person's interests is that by so doing his attention is frequently drawn to possible fields of activity which might otherwise be overlooked."

The methods of discovering interests are much like those for discovering aptitudes. The counselor must comb the record of the individual, must give tests, and then provide experiences. The tests are usually known as "interest inventories". The best of these are listed and appraised in Bingham's book. The experiences are given in tryout courses. Once again the great value of tryout courses is indicated, for it is only with a background of experience that the tests have any value whatsoever.

PERSONALITY

This Handbook is about personality, about behavior, about the way people get along with other people. This chapter is concerned with personality on the job.

a *Personality Makes an Impression.* The personnel manager talks incessantly about personality. His is the task not only of adjusting one worker to another, hundreds of workers to hundreds of others, so that they may pursue their tasks harmoniously, but of bringing many of them into pleasant contact with customers who not only want a useful product at a reasonable price but also want to be kept in a pleasant state of mind and emotion while the process of purchase is going on. So the personnel manager says of the worker, "He must be able to get along with others. He must make a good impression. She must know how to dress well." (To make a good impression, of course.) "She must have initiative but must not be overbearing." (That is, get the job done but keep people in a happy frame of mind while she is doing it.) What does the teacher say? "Johnny does well in his lessons, but he is unsociable." (He doesn't make a good impression upon the other boys and girls.) What does mother say? "I have such trouble with Jimmie. He is always nag-

ging the other children" (And naturally, that doesn't create any favorable emotional tone in the other children) And what do all these people who must live, for part of the time at least, with employees or children or any other persons, for that matter, say about their fellow human beings? Either, "He has a most engaging personality", or "He has a very disagreeable personality"

b *Job Situations*. The worker must establish and maintain amicable relations with fellow workers, superiors, subordinates, customers, clients, the public, all in varying degrees, according to the type of job. Some jobs require an almost continual traffic with other people who must be pleased, the salesman for instance, while others may almost totally ignore other human beings, the engraver or the night watchman, for instance. Whatever the relationship, it must produce a pleasant emotional tone in both the worker and the other person. The worker must also respond favorably to physical conditions, heat, cold, light, darkness, humidity, noise, odors. He must react pleasantly to machines, or to a sitting posture, or to constant walking. Whatever the job offers in the way of human or physical environment, he must like. He will then behave pleasantly toward others. Otherwise, he will hate his job and may ultimately lose it.¹⁷

PHYSIQUE

Proverbially, the person with a strong back and weak mind can be very effective on certain types of jobs. Physical perfection is not a requirement for most jobs. The combinations and permutations of physical characteristics are almost as numerous as those of mental characteristics. Each type of job makes its own demands. The welder must have a strong physique, but if he also has a small physique he may be especially valuable for crawling into confined spaces. The worker with crippled legs may have an advantage over the strong-limbed worker if the job is sedentary. Flat feet are a bar to salesmanship, color-blindness to navigation, heart disease to aviation, homeliness to modeling, and so on. Choice of occupation must always be predicated upon a knowledge of the kind of human machine necessary to do the job.

SEX

The opportunities for male secretaries, nurses, and kindergartners, female musicians, physicians, and seamen, are very rare, usually non-existent. Over long periods of time the situation may change, as in the case of secretaries. The causes of sex discrimination may be whim or prejudice or may be reasonably related to actual sex differences. Whatever the cause, the prospective worker must know whether or not sex will be a cause of discrimination.

¹⁷ Huppock, Robert *Job Satisfaction* Harpers New York, 1935

Symonds, Percival M. *Diagnosing Personality and Conduct* Century New York, 1931.

O'Brien, Frank J., Pratt, George K. and Wile, Ira S. "Mental Hygiene and Guidance" A Special Number of Occupations, *The Vocational Guidance Magazine* November, 1934

Myers, George E. Op. Cit. Chap. XII.

ECONOMIC STATUS

Traditionally, we think of this country as presenting equality of occupational opportunity to all boys and girls. Actually a boy cannot become a physician unless he has thousands of dollars to invest in his education. Many a youngster aspires to the type of work that requires long and expensive training. His hopes are dashed when he discovers that equality of opportunity implies equality of means. Exceptionally brilliant individuals may attract these means through scholarships or private philanthropy.

SOCIAL STATUS

More and more social status seems to fall into line with economic status. However, when it does operate as a bar to opportunity, it does so in reverse. The scion of a wealthy family is not supposed to work for any ordinary kind of living, at least not until the family has lost all its money. This is one of the less potent factors, but it cannot yet be ignored.

RELIGION, RACE, COLOR

As pointed out elsewhere in this chapter, some sections of the country will not tolerate Jews among their teachers, others bar Catholics, still others bar all but Catholics. In many subtle ways discrimination is effected through religious ties or prejudices. Less subtle are those involving race and color. The Negro has a notoriously hard time of it. The prospective worker, no matter how courageous he may be (and he should be encouraged to be courageous), has a right to be prepared to face reality.

SCHOOL TRAINING

Among the many prerequisites for jobs on a professional level is that of school training. Many years ago elementary school graduation was enough to qualify teachers. Later, high school education was set as a minimum, then two years of normal school, then four years of normal school or college. Now, in New York City, for instance, (soon, in New York State), it is impossible to become a high school teacher without having the equivalent of a master's degree. More and more college graduation has become a prerequisite to a four year medical course, and now one school of dentistry is requiring the medical course before admitting a student into the school of dentistry. A prospective worker must plan his career very carefully in terms of school training.

GROUP RELATIONSHIPS

The cynical are prone to say that nobody can get a good job without a "pull." Perhaps this is one of the over-emphasized phases of American life, but no one can deny that influence does play a very important part in gaining admission to some types of work. These are not confined to the political field. A physician whose father is a physician certainly enjoys great advantages. An

electrician or a printer whose father follows the same trade assuredly has the edge on others when union membership is required. Affiliation with political party, church organizations, social clubs, and the like, is often the first step, or at least the second step, towards vocational success.

CHANCE

Some people, especially those who have been unsuccessful, like to lay everything to chance, especially their misfortunes. Others believe that virtue and efficiency are their own reward. Still others believe that the only difference between the successful and the unsuccessful is that the former are prepared when chance comes along. All of which is to say that success or failure in a career stems from a number of complex causes, many of which are inexplicable or even unknowable, and because we do not understand or know them, we call them the products of chance. The only sound advice to the youngster bent on a career would seem to be "Give chance a chance."

OCCUPATIONAL INFORMATION

"How much does it pay? What are the hours? What kind of work do I do?" The applicant is deciding whether or not he should take a job.

"Will I need a college education? Will I need vocational school training? How old must I be before I can actually go to work? What is the probable future of this type of work?" The young person is trying to choose an occupation.

The answers to these questions make up the vast library of occupational information. The dissemination of occupational information has been one of the most extensive activities in the field of vocational guidance. From the Vocation Bureau of Parsons to the Occupational Information and Guidance Service of the United States Office of Education it has been a major function.

OCCUPATIONAL INFORMATION IN RELATION TO CHOICE

Obviously, no one can choose an occupation wisely without knowing something about it. The wages, hours, education, training, *are* important. However, like all the other billions of facts taught to men and women ever since schools have existed, there is no clear indication of the effect of a fact on a deed. Nevertheless, we feel pretty certain that there must be some effect. We know that considered decisions *are* sometimes made, that information regarding occupations must be obtained and given.

DATA FOR VOCATIONAL CHOICE

Occupations are so much a part of life, and life is so complex, that complete data become exceedingly numerous and voluminous. However, boiled down to their essentials, they come to something like this:

a. *What the Prospective Worker Asks about an Immediately Available Job.*

(1) How much does it pay?

- (2) What are the hours?
- (3) What kind of work is it? (Amount and quality of physical labor?)
- (4) What kind of people work there?
- (5) What kind of place is it?
- (6) What's the boss like?
- (7) How far is it from my home?
- (8) How soon can I get a raise?
- (9) How soon can I get a better job in the same place?
- (10) Must I join the union? What are the dues?
- (11) Do they give you a chance to learn? (To gain new skills?)
- (12) Do you get a chance to continue your school work? (To acquire more cultural education?)

b. *What the Community (and the Far-sighted Individual) Wants to Know about an Occupation*

- (1) Number of establishments
- (2) Number of workers in each establishment
- (3) Number of workers on each payroll job
- (4) Wages
- (5) Hours
- (6) Seasonal activity
- (7) Labor organizations
- (8) Ages of
 - (a) Entrance
 - (b) Maximum productivity
 - (c) Technological senescence
- (9) Length of training period
- (10) Relation of demand for workers to supply, and the trend
- (11) Sources of supply of workers
- (12) Conditions of employment
 - (a) Effect upon physique
 - (b) Effect upon mental development
 - (c) Effect upon social relations
- (13) General education necessary for workers
- (14) Special trade education, including both manipulative and related
- (15) Personality development
- (16) Training already given by industry
 - (a) In the shop
 - (b) In company or union schools

c. *Job, Occupation, Employment, Profession, Vocation.* In accordance with some scheme of values, each of us places his work somewhere on the scale, from job to vocation. The foregoing classifications of job data seem to apply more particularly to jobs, as such, and to industry. However, casual analysis indicates that they apply to all kinds of work. The physician is just as much

interested in "number of establishments" as is the lathe worker. He too is concerned about "labor organizations", even though he calls his own the "county medical society". It is upon data like these that people choose their occupations, or else complain about them when they have not chosen them.

METHODS OF ACQUIRING OCCUPATIONAL INFORMATION

In 1938 the President's Advisory Committee on Education reported:¹⁸ "An occupational outlook service is needed that will provide a clear description of each of the major occupations or groups of minor occupations, the kind of a life each occupation offers, the character of the preparation essential to enter it, the numbers employed and the kind of employment, the numbers of new employees taken on each year, and the numbers of youth in each year of college or secondary school preparation who have the intention of entering the occupation if possible. Such information presented in its historical, geographical, and technological setting would go far towards providing individuals with a broad objective and factual basis for making the choice of an occupation and deciding upon the kind of training to pursue." As a result, the Occupational Outlook Service was organized in the Bureau of Labor Statistics. In the same year the Occupational Information and Guidance Service was established in the United States Office of Education. In a sense, this was the culmination of many years of struggle for national recognition of the importance of guidance. However, it must be remembered that the production of information does not necessarily carry with it the means of passing it along into the minds of those who should use it. People acquire occupational information in many ways.

a. *Casual Conversation.* "I heard that . . ." "Somebody told me that . . ." These are the sources that, unfortunately, supply most of the so-called occupational information. Accuracy, authenticity, are minor considerations.

b. *Conferences.* Vocational counselors, teachers, employers, employees, get together with one or more people who are interested or should be interested in future vocations for a discussion of the advantages and disadvantages of certain occupations. Occupational information is important.

c. *Lectures.* Employers, employees, vocational counselors, teachers and others deliver lectures to interested groups.

d. *Instruction.* Throughout the United States organized instruction in occupational information has developed tremendously in recent years. It has, in fact, become probably the largest, if not the most important, phase of vocational guidance. Sometimes the data are given in special occupational information classes, sometimes as incidental to academic and the shop subjects. Counselors and teachers use all the known devices of good teaching, such as dramatization, debate, group projects, visual aids, and text books.

¹⁸ Op. Cit., p. 105.

e. *Tryout or Exploratory Courses.* The best way to learn about an occupation is to engage in it. This is an impossible procedure for most people. The next best method is to reproduce, in so far as possible, job conditions within the school so that pupils may work at the job there and thus learn what it is like. Such a reproduction of outside conditions eventuates in a tryout course.

f. *Tests and Questionnaires.* These are a stimulus to the acquirement of information that will assist in answering tests and questionnaires.

g. *Observation.* Next to working at an occupation either outside or inside school, the best method of learning about an occupation is to observe it closely. Visits to industry, business firms, and so on, well motivated and planned, are an excellent means of enabling young people to learn what work is like.

h. *Reading.* This is the time-honored method of passing along information. Books, pamphlets, newspapers, magazines, are most useful for reporting occupational information, provided the reading is motivated and is followed up by discussion and clarification. The amount of reading matter available has always been great, but in recent years production has been considerably accelerated. The Occupational Information and Guidance Service has printed many booklets, along with extensive bibliographies, and the United States Department of Labor has issued its very important "Dictionary of Occupational Titles." Numerous other publications have appeared.¹⁹

i. *Movies.* Various attempts have been made to present occupational information by means of the movies but, largely for technical reasons, up to the present time the results have not been very successful. The possibilities of the movies, especially with sound, are enormous.

j. *Radio.* A number of very successful, at least from the radio technician's point of view, vocational guidance broadcasts have been made. As yet there is little evidence as to the effectiveness of such broadcasts in guidance.

k. *Posters and Slogans.* To some extent these are used in schools. Again, it is difficult to measure results.

l. *Campaigns.* These are carried on by schools, sometimes by whole communities. They are a concentration of effort into one or two weeks of the year. They are largely inspirational, depending upon dynamic speakers. Again it is difficult to measure results.

m. *Part-time or Cooperative Work, and Vacation and After School Work.* Again it must be emphasized that one of the best ways of learning about a vocation is to work at it. Part-time work, while going to school, provides one of the very effective means of giving occupational information. However, such opportunities are open to only a very small number of young people.

¹⁹ The United States Employment Service. *Dictionary of Occupational Titles*. United States Government Printing Office: Washington, D. C., 1939. *Occupational Index*. Occupational Index, Incorporated, New York.

Parker, Willard E. *Books about Jobs*. American Library Association, Chicago, 1936.

Science Research Associates, Chicago. This group issues some very important periodicals and monographs on occupations and their trends.

All these various methods of imparting occupational information are described in some detail in the latest text books on vocational guidance

CHOOSING AN OCCUPATION

If so many right people did not fall into the wrong occupation no reason would exist for an organized vocational guidance program. The dissatisfaction of older people, the indecision of younger people, and the occupational migration of many workers at all ages, indicate either that workers make poor choices or they make no choices at all. In any case, somehow or other they find work. But how *do* they find it?

THE FACTORS INVOLVED

As in behavior cases, emotions play an important part. Probably the number of persons who have coldly and reasonably chosen their occupations with a view to adaptability, happiness, success, is very, very small, almost non-existent. Psychologically perhaps, such a choice is impossible, for the most important factor in success is interest, and interest immediately implies emotion. What are some of the factors that arouse these emotions and sometimes stimulate reason?

a. *Attitude Toward Counselor*. Stories of how boys decided to be engineers, physicians, or lawyers, and girls to become nurses, teachers, or movie actresses, just because they came under the influence of people in those occupations are legion. We like to be like people we like. This is one of the reasons why counselors with attractive personalities must be careful not to advise but rather to inform. The status of the counselor also plays a part. The prestige of superiors and of boon companions carries with it a heavy responsibility.

b. *Social Drives*. In Europe the influence of class, status, social position has extended itself notoriously to occupations. The son of a mechanic is destined to become a mechanic, the son of a doctor must be a professional man. In America the tradition has been that everyone has a chance to rise to the top and must make every effort to do so. Most conventions have worked untold harm when the luckless son has been, for one reason or another, ill adapted to that particular occupational status

c. *Inner Drives*. The selfish person always asks first, "What does it pay?" The unselfish person says, "What can I do to help humanity?" Neither attitude is necessarily an indication of adaptability to the job. Notably, many fine young women with the missionary spirit wish to become vocational counselors because they "love children and like to help other people with their problems," but they may be woefully lacking in some of the essential characteristics of good counselors. Nevertheless, these inner drives must be taken into account and made to serve in the choice of a suitable occupation. The girl with a missionary spirit may make a really good missionary

d. *Chance Vocational Experience*. Many a boy has wanted to be a druggist because he happened to work as an errand boy in a neighborhood drug store.

"The boss will give me a full time job when I leave school." A man continues on a job that he accidentally obtained when he was out of work, and often learns to like it. He even "chooses" it.

e. *Reason.* Undoubtedly many people do try to think through the advantages and disadvantages of an occupation and then try to prepare for it and enter it. They seek authentic data regarding jobs and themselves, and then try to match them in the interest of a wise choice. The whole purpose of a vocational guidance program is to stimulate young (and older) people to do this very thing.

WHO SHOULD GUIDE WHOM?

From the foregoing it is obvious that anybody may inadvertently guide almost anybody else. Even in a vocational school some boys and girls will solemnly declare themselves fitted for a particular trade when the truth is that they want to be in the same shop with their companions. The companions have guided them. From time to time and under varying circumstances the young person is influenced occupationally by father, mother, brother, sister, playmate, fellow-pupil, doctor, nurse, welfare worker, minister, teacher, principal, counselor, placement officer, employer, fellow-worker, radio broadcaster, newspaper writer. Somewhere along the line he stays put, and that is his occupation. Then, perhaps, another upheaval, new influences, and he shifts again. Organized vocational guidance has attempted to develop the profession of vocational counselor, thus bringing a rational influence to bear upon young people. What kind of person should this vocational counselor be? Here are a few suggestions.²⁰

a. *Good Basic Intelligence.* He should have a mind that can use knowledge whether this is obtained through experience, through formal teaching, or otherwise.

b. *Copious General Information.* The counselor should be a person of culture, in the best sense of the word. He should have a vast knowledge of the world and its ways, especially in the field of occupations. While that knowledge need not be encyclopedic, it certainly cannot be meager.

c. *Intensive Special Information.* The field of occupations is his special concern. Not only must he know what the possibilities are for future employment but what are the roads of education and training that lead to them. He must also know about people, the motives, the inhibitions, the quirks, the springs that make them the individuals that they are. He must know about men and women and things.

d. *Special Skills.* The counselor must be skillful in the employment of certain techniques—the technique of testing, the technique of interviewing, the technique of finding jobs and placing people in them, and so on.

e. *Special Personal Qualities.* He must have both sympathy and objectivity. He must be an integrated personality. He certainly must not be one of those

²⁰ Keller, Franklin J. "The Revelation and Nurture of Counselors". *Occupations: The Vocational Guidance Magazine*, May, 1938.

who, in the desire to compensate for their own soul-troublings, feel a mission to help everybody else. He must be wholesomely energetic and at the same time delicately sensitive to the weaknesses of others. He must, in fact, be a very extraordinary person.

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CAMPING AND GUIDANCE

By

P. S. DEQ. CABOT

*"This, then is the role of camping today—the promotion of joy, health, social growth and education, all towards the end of training intelligent, informed, functioning citizens in a democracy accomplished through living in the out-of-doors under guidance."*¹

NEED FOR GUIDANCE

GUIDANCE is the core of camping. It is inescapable and imperative. In the early days of camping movement, leaders zealously hoped that recreational opportunities and religious training during the summer would inevitably result in bodily strength and nobility of character throughout the remainder of the year. But however sincere and enthusiastic were the claims for this transfer of values, counselors were relatively untrained. Nowadays the greater demands of camping and the expansion of summer programs have resulted in the need for trained and carefully selected personnel. It may be indeed questioned whether the essential values of camping have changed over the past seventy years, but there is no doubt that methods and practices have altered considerably. Particularly have we become aware of the richness of the interpersonal relationships in camp life and of the fact that first and last, camping should be a way of living together harmoniously under the most favorable conditions. But different emphases have been stressed: camping has become more organized, and with the rapid expansion of the movement in general, new problems have arisen. Camp directors now feel that it is necessary to carefully evaluate the different aspects of camping, and particularly the long-term effects on the development of the personality, habits, attitudes and health of the individual camper.

If the number of children to benefit from camping is to be materially increased, many of the current practices in camping may have to be changed. Careful thought must be given to the ways in which camping can be inter-

¹ Editorial "What is the role of camping?" *Camping Magazine*, Feb. 1932, 37-39.

preted to parents and children so that its constructive educational possibilities are fully realized. An increased understanding of the dynamics of human behavior and of the principles of mental hygiene is required. Our philosophies of education must go beyond the school room and rivet attention on the effects of camping on the growth of personality and on the learning process in general. That this topic has not been entirely neglected is shown by a study of a report of the recent work of a committee recently set up by the American Camping Association over the last few years.

The importance of incorporating the principles of child guidance in every camp program is becoming more clearly recognized. No longer can a camp afford to neglect the needs and potentialities of every camper. This emphasis upon the personality development is largely the outcome of a combination of trends of thought in the related areas of psychology, education, psychiatry and social work. Workers in these fields may now confidently turn to an intelligently directed summer camp to supplement and integrate many of their own theories and practices. But such a camp must be conducted on a democratic basis. It should be a place where the integrity of the human personality is safeguarded and where the need for emotional security, the requirements of sound physical health, the cultivation of interests and the satisfaction of needs must be the main concern of all. In short, here is a most favorable setting for the development of well-balanced, mature individuals if the camping personnel are well trained and sensitive to the implications of successful child guidance.

In view of present day threats to the survival of democracy, it is almost a duty of directors and other leaders in camping to discover and develop the various ways in which the summer camp can contribute to the fulfillment of democratic values and ideas. Moreover, the possible contributions of the camping experience to the morale of children during wartime cannot be overlooked. This may be carried out in two ways. In both cases the principles of guidance are focal. In the first place, camps can develop in children and adolescents resourcefulness, responsibility, habits, attitudes and qualities of leadership, that contribute toward emotional security, self-confidence, and group solidarity. Secondly, the summer camp can play an important role in any program where the evacuation of the population from the cities is considered necessary. In any such scheme requiring close coordination between schools, social agencies, municipal and state organizations, those who have had long experience in summer camping can demonstrate efficient leadership in developing adequate activity programs and in caring for the emotional, health and social needs of the children.

We shall now turn to an important question which is as arresting in peace time as in war. What has camping to contribute to the interpretation of democratic ways of thinking and living? Unfortunately, in discussions of democracy and education, an over-emphasis often placed upon the machinery of the democratic process, such as elections, the framing of regulations and pro-

cedures, may yet miss entirely an understanding of the central purposes of democratic living through actual group participation. As it is impossible to discuss this topic fully here it may be sufficient to point out what can be regarded as some of the signposts of a democratically directed camp.²

1. The director and the staff members, as individuals, have a sincere interest in and respect for everyone on the camp site, as people, irrespective of their contribution to the camp.
2. Mutual confidence exists among all members of the camp—directors, counselors, campers, employed help
3. Counselors and campers criticize constructively the camp procedures and offer suggestions for improvement.
4. All members accept all others as equals sharing in the blessings of friendship regardless of race, religion, economic and social status.
5. Delegation of responsibility to counselors and campers so far as these capacities will permit.
6. Absence of many rules and restraints and a fear of those in authority
7. Participation in the formulation of regulations by all those who are expected to live under them.
8. Camper-participation in the planning of their own programs and the making of decisions affecting their welfare.
9. Strong intrinsic motivations rather than those arising from coercive administrative authority or developed by external rewards.
10. Initiative on the part of campers.
11. Free group discussions and frequent meetings of counselors and campers
12. Use by those in authority of the terms "we" and "our" instead of "I" and "mine."

It might be pertinent at this stage to note certain tendencies in present day camping which demand a wider use of the practices of sound guidance. Such trends as the following have, it is true, originated in private camps. But they are gradually being incorporated in camps serving the economically underprivileged, although much more pioneer work in this field is still needed before camping worthy of the name can exist

1. A de-emphasis of the importance of equipment and physical comforts with a correlative emphasis upon simple surroundings and the enjoyment of the out-of-doors away from the associations of city life
2. Closer and a more understanding co-operation with families, schools, churches, settlement houses, boys' and girls' clubs, and other social agencies. These institutions must also appreciate the educational significance of the camping experience provided by the best private camps.
3. A modification of present financial requirements to enable more children to participate in camping.

²Adapted from original

4. Carefully and scientifically conducted evaluations of the effects of camping
5. An examination of the ways and means of relating camping experiences to the child's life throughout the year.
6. Delegation of greater freedom to counselors in the supervision of their programs
7. Decentralization of activity programs and administrative units.

In still another respect is there a direct challenge to a more complete understanding of guidance. In the past, considerable emphasis was placed upon the role of competition and awards in the hope of stimulating interest in both group and individual achievement. In some camps this principle still operates to an unnecessary extent. Such an artificial method of stimulating effort and of rewarding performance generate short-lived enthusiasms and marked exhibitionism. Infantile attitudes of dependency on external rewards are prolonged and counselors and campers alike often unconsciously rely on subterfuge to win a trophy or honor. Fortunately competition between groups is less and less present. The camper is encouraged to compete only with himself and in terms of standards which for him can have real meaning. To foster this, however, counselors must be familiar with those principles of growth by which the individual camper can be better understood and helped to discover satisfying means of creative self-expression. Obviously, greater attention must be given to his needs and to whatever hinders their most sincere expression. These difficulties may reside within his basic personality structure of habits and attitudes, or in the environmental pressures in the home or school during the winter.

A camp may be a private one catering to a clientele belonging to the middle or upper socio-economic classes, it may be a public or private agency camp³ served by agencies in various fields of social work; it may be a health camp specifically designed to meet the needs of special children, such as tubercular patients, cardiacs or spastics, it may be a Girl or Boy Scout camp or one organized by the Campfire Girls, it may be one organized to carry out specific objectives on an experimental basis to deal with particular types of behavior disorders. Whatever its nature, certain common preliminary conditions and assumptions favorable to guidance are at least implicit in the thinking of camp directors. Despite these, however, it is also obvious that great differences exist among the camps, due to ignorance, resistance to changes, limitations of personnel, inadequate financial support, insufficient parental co-operation, or values inherent in the camp's objectives.

It may be helpful to review the opportunities a camp has to contribute to a child's development when compared with those of other organizations. For

³ An interesting experiment with a community school camp program conducted by the W. K. Kellogg Foundation in co-operation with local communities in Michigan is an encouraging venture. Here the plan is to extend the benefits of summer camping which are mainly reserved for children of the upper or lower economic groups for a short period of time, to the bulk of the public school population. The implications of this experimental approach are far-reaching and significant.

instance, it can provide stimulating and socially constructive experiences. The nature of the activities afforded by contact with the out-of-doors encourages children to work harder and more enthusiastically in a way often not accomplished in the restricted environment of the school or the present-day city home. In marked contrast to formal school conditions, the flexibility of the camp program with its variety of skills⁴ enables the camper to have considerable freedom in choosing his activities and planning his time. The new environment differing from the one the child has been accustomed to during the school year, is full of stirring challenges to his powers and interests so that he can fully test his capacity for growth, intellectually, socially, emotionally and physically. Discipline too acquires a new meaning in the freedom from restrictions imposed by the formal classroom environment. Hostile attitudes and behavior, repressed resentments, deep-seated frustrations or complete submissiveness may now be resolved with new insights without the fear of threat or punishment. But an understanding co-operation between camper and counselor is necessary. Here too a child who has been over-protected and who has relied on infantile behavior to gain his ends, or one who cannot feel emotionally secure either because of a lack of a normal expression of love or inter-parental discord may gain much from a warm supervisory friendship amid congenial surroundings.

It is clear that a counselor thus has a direct responsibility for habit formation and character building. In a camper-counselor relationship marked by co-operation rather than coercion, the child merits respect. He has opportunities for growth in self-control and self-direction. Every camp should be proud of the calibre of its counseling staff. It has the opportunity of selecting its own personnel, and can refrain from having on its staff those persons who, although adequate in certain school situations, may be completely helpless in the freer, more relaxing atmosphere of a summer camp. Wise camping encourages a child to form new friendships and to establish an entirely new set of social habits. Since the camper's life is supervised for twenty-four hours of the day, the camp has much more to offer in socialized living than home, school, boys' club, or any other type of group organization. Freed from the possibility of competition and criticism of educational performance invited within a school, a camper, unhampered from feelings of inadequacy or fear of failure, can learn new skills with confidence. While a social premium may be set upon intellectual superiority in school, it may be a distinct handicap in camp. By the same token inadequate school performance or sub-normal intelligence may not necessarily be the cause of censure, punishment or feelings of inferiority. Because the camping experience is essentially a form of social living, guidance, therefore,

⁴ The following list of activities compiled without any attempt at classification, is not meant to be all inclusive but merely suggests what opportunities there are of developing special skills: archery, basketry, campcraft, canoeing, dancing, dramatics, fencing, handicraft, Indian lore, leathercraft, metalcraft, music, nature lore, photography, pottery, puppetry, riding, rifle instruction, sailing, sketching and painting, star lore, swimming, tennis.

has two aspects: individual and group. On the whole, a theoretical formulation of the rationale of summer camping has been very largely influenced in recent years by sociological thinking. Consequently, the group approach has received considerable emphasis. However, greater attention must be devoted to a consideration of the individual camper in terms of his unique background and particular personality characteristics. And while the camper's adjustment may be brought about by manipulating the influence of the group there is still an important area of individualized guidance that must be explored before the camper can receive the fullest benefits offered by the group.

NATURE OF GUIDANCE

What is guidance? Is it more than beneficent supervision? Is it more than providing physical and recreational facilities which are beyond the camper's reach for the greater part of the year? *Guidance is primarily an attitude or point of view determining the activities of all persons in a camp. It is also a systematically conceived program of objectives and practices interpreted by the counseling staff so that each camper may grow in physical stature, emotional security, spiritual insight, social maturity and individual responsibility, and at the same time learn new skills and develop fresh interests.* It therefore involves whetting the observational capacity of campers and counselors, the interpretation of reliably collected information and the application of specific methods of dealing with each child, directed solely and unselfishly toward his optimal development. Essentially, it represents a broadly conceived educational experience, based on the assumption that, given favorable conditions, every child with reasonable intelligence *wants* to learn, has the *capacity* to learn, and possesses the *ability* to be a self-determining person with certain rights and needs demanding respect; in short, guidance accepts the proposition that in the absence of such abnormalities as feeble-mindedness, serious lesions in the central nervous system and psychopathic behavior, *growth is inevitable*. But guidance in the summer camp cannot succeed unless parents themselves are aware of what a camp has to offer their own children. There is no reason to believe that camping guidance is any different from guidance in general. But what cannot be accomplished during the year may now happen in the camping environment under intelligent direction.

A tentative summary of the objectives of guidance in the summer camp may now be in order:

1. Achieving emotional security.
2. Learning certain skills through actual experience based on the camper's interest through the suggestions and reinforcing influence of mature and skilled counselors
3. Cultivating additional interests and extending the horizons of the camper's potential means of self-expression.

- 4 Promoting and maintaining sound physical development and cultivating desirable health habits.
5. Co-operation in group activities
- 6 Developing independence and the ability for self-direction so that the camper is encouraged to make decisions arising from his own needs with a clear recognition of his limitations and of his responsibilities to others
7. Facilitating opportunities for creative living at progressive levels of achievement.
8. Self-understanding with a knowledge of strengths and weaknesses along with the ability to integrate them harmoniously.
9. Training in leadership and initiative.

Although directors and others responsible for the administration of summer camps recognize the values of guidance, certain considerations may prevent their effective realization. For instance, since any camp must be sustained on a financial basis, a director may be more interested in the undertaking as a financial investment. He can be easily tempted to stress certain features of his program which, from a guidance standpoint, are relatively uneducational although they are acceptable to parents and campers who have not known any other kind of experience. An expansion of plant and equipment to raise the level of comfort and to enhance the physical facilities for recreation may not necessarily guarantee the maximal values of guidance or that the real essence of the camping process is experienced by campers.

Further, parents themselves may think of a camp merely as a place to leave their children, while they themselves can be relieved of their responsibilities toward them. They may not seriously consider or fully understand the camp's contribution to a child's personality and character development. But if parents are either ignorant of or indifferent to the basic assumptions of camping philosophy even the best efforts of well-trained personnel may be nullified when the child returns to the family circle at the end of summer.

Consequently as part of a well-organized guidance program it is the camp's responsibility to interpret to parents what values the camping experience has to offer to their child's growth. Directors and counselors have an important and continuous responsibility in this connection. Unless this is carried out, parents will remain ignorant or only superficially interested in the camp's role in the education and development of the younger generation.

While parental indifference to effective and constructive guidance is an important consideration, the personality characteristics and life philosophy of directors themselves must also be taken into account. For instance, a director may not be sufficiently democratic or elastic in his administrative and personnel policies to base the camp program upon the needs of children as individuals. Again, guidance becomes less effective if schools or social agencies do not incorporate the information obtained during the summer in their own records, do not try to carry out any of the recommendations made, or do not

cooperate by submitting data helpful to an understanding of the camper before the camp season opens.

The foregoing are only some of the considerations and wider implications of guidance in a summer camp. This conception of guidance outlined above emphasizes character and personality development, and the quality of the interrelationships between all persons affecting the child's welfare during the camping season. It embraces the objectives of mental hygiene and is concerned particularly with problems of effective learning, social sufficiency and interdependence and emotional security. As the learning of certain definite skills is important as part of the activity program these can be mastered only when a counselor understands those conditions that prevent each child's maximal development. Until these are overcome he is handicapped in assisting the child to profit from meaningful experiences. It is now necessary to see how such a program can be put into practice.

IMPLEMENTATION OF GUIDANCE

Guidance is an over-all function, in a sense it is the responsibility of every member of the camp staff and paradoxically of the campers themselves. It is a two-way process involving the efforts of more than one individual. But the responsibility for the formulation, the interpretation, and the successful application of the principles of guidance should be centered in one person and made known to all concerned. Three possible ways by which a guidance program can be effectively carried out in camps are suggested:

- A. By the director
- B. By the counseling staff.
- C. By a person whose specific responsibility is to formulate and interpret the guidance program.

A. Ideally speaking, there are many reasons why a director should be the person charged with this special responsibility. Primarily, and in the last instance, he must be answerable to parents for the welfare of their children during the summer. It is he who usually sees the parents and prospective campers and it is to him that the parents look for making the summer experience a failure or success. However, it should be noted that his responsibility is chiefly an administrative one with directing and coordinating functions. Many, if not most, directors are not trained in guidance nor in professionally related areas dealing with personality adjustment. Moreover they are usually so busy with their administrative and executive duties that they do not have the time to deal with guidance problems.

Although guidance is a continuous and time consuming process a rare director may be able to discharge *some* of the responsibilities involved in guidance. It is true that this depends a great deal on the size of the camp, and no reliable estimate can be made of the numerical limits within which a director could also be a successful supervisor of guidance. Much also de-

depends on the quality of personnel, the director's own qualifications, the disposition of his time, the camp's objectives and the age range of the campers. But generally speaking, if all other conditions were fulfilled, it is definitely questionable whether a director can attend to guidance in addition to carrying out efficiently all his other obligations when the number of campers exceeds thirty or forty at one time.

The delegation of responsibility is an important feature of a good director's administration. Like counselors, teachers and parents, he may unwittingly project his own personality traits and problems into the behavior of his counselors and the campers. This should be prevented. An unclear conception of the limits of his own powers and responsibilities in his own thinking and in that of the counselors and campers, or an unwise distribution of his energy by interfering with the responsibilities of heads of departments will result in undermining the morale of the counselor group and ultimately that of the whole camp. Moreover it cannot be denied that so long as a director is considered by children to be invested with powers of authority it is difficult for him to encourage that rapport so necessary before a child can talk easily and freely about his problems.

In his capacity as director he may be exceptionally qualified in certain special respects, for instance, he may be an excellent promoter but with relatively little ability to understand and satisfactorily cope with the subtleties of inter-personal relationships. On the other hand, he may be expert in dealing with people and children on an individual basis but be relatively incompetent in handling groups. Again he may be highly skilled in financial matters and be only partially competent to deal with the maintenance of his physical plant. Since the formulation and execution of the guidance program rests on a set of rather special abilities, qualities of personality, and professional training, the director may be the least equipped to smooth out personal conflicts or to evoke in either counselors or campers progressive, creative achievement and understanding. To a certain extent this may also be true of counselors who are often chosen primarily for their efficiency and particular qualifications to instruct in one of the camp's activities.

B. In the last analysis, guidance by the counselor is inevitable. However, if the director is not in a position to do so, there is still the problem of determining *which particular counselor is to be primarily responsible for the supervision of the guidance program*. In one sense, it is correct to say that everything a counselor does is guidance. Similarly, every influence that a parent or a teacher brings to bear upon a child's life can also be interpreted as a guidance function. However, this extension of the meaning of the term "guidance" leads to confused thinking and practice. *Direction and interpretation must be given* to ensure that each counselor has a clear conception of the possibilities of mental hygiene and guidance affecting particular problems of campers, whether they are disciplinary in nature or are concerned with

habit-training, emotional stability or the formation of attitudes. A counselor may be a well-trained expert in a particular camp activity such as swimming, nature lore, tennis, music and so on. his academic training may have been extensive or he may have had long experience as a teacher. But with all or any of these qualifications he may still lack self-insight and the ability to adapt to the particular demands on his time and energy in camp in a new set of human relationships.

C. Some directors may insist that to have guidance interpreted by persons especially given this responsibility is an unnecessary specialization in camp personnel. If a director's chief concern is to maintain harmonious relations throughout the camp and to provide a satisfying summer for campers and counselors and if he himself cannot direct the guidance, there should be no doubt about the answer. Usually, successful guidance involves special training and qualifications. The summer camp of the future must recognize this fact or its responsibilities in the period of post war reconstruction will be lacking. While no definite blueprint can be laid down for the qualifications and activities of persons specifically responsible for the guidance functions of a camp, the following suggestions are offered

1. Some clinical experience with systematic training in mental hygiene and familiarity with basic social work practices and psychiatric techniques.
2. Practical experience in helping to solve personality adjustments of children and adults.
3. A rich background of dealing with children of different ages, both as individuals and in groups, in school and recreational situations.
4. Familiarity with the concepts of progressive thinking in education together with the problems and those methods of public school education which cannot be termed "progressive"
5. Ability to win the confidence of campers and counselors in informal situations.
6. Ability to interpret guidance in simple terms to the counseling staff who in most cases will be the group primarily responsible for carrying out the program under his direction.
7. Freedom from emotional difficulties and sound judgment in evaluating personality difficulties in children or counselors.
8. Experience in dealing with parents and in discussing children's problems with them.
9. A friendly attitude toward all persons in camp. He should refrain from censure or blame, and with professional skill avoid assuming the responsibility of dictating a program for a camper or attempt to pattern a counselor's or camper's experience after his own views or style of life.

10. Participation in the various activities in the camp program thus sharing the experiences of campers and counselors in order to have first-hand knowledge of the situations confronting counselors
11. He should retain and reciprocate the director's confidence in him and at all times act as a link in the chain of relationships between director, counselors and campers.
12. A thorough familiarity with the objectives and the general organization of the camp, and an understanding of the characteristics and traditions of the local community

Whatever title is given to such a person is irrelevant. He may be called a consultant, consulting psychologist, adviser, assistant to the director, personnel director, or plain "Uncle Harry". For the purposes of this article he will be identified as a consultant for it is a relatively neutral term yet it fairly aptly describes his wide functions on a professional level.

Such a person should be available throughout the year for consultation with the director on matters of personnel, program planning and policies, whenever the director requires his advice. Once initiated, this function is very important. His outlook on matters affecting the camper's welfare can be both objective and sympathetic because he is not so immediately and directly concerned with the issues and problems as is the director. Apart from whatever opinion he expresses, he becomes more familiar with the director's thinking and planning, and through the camp's office he can obtain helpful information about campers and counselors which should prove valuable in understanding specific problems as these arise during the camping season.

In general, his functions may cover two distinct yet related periods:

1. *Pre-camping period.*

This may vary from a few days to a couple of weeks prior to the opening of camp. Within this time the consultant can become familiar with the objectives and views of each counselor, to gain his confidence, and be available for individual conferences. At the same time, through group conferences and with the director's co-operation, he can do several things:

- (a) Make a survey of likely adjustment problems based on the previous summer's experience with the same children, discussing such topics as methods of diagnosis, the use of rating devices, writing of case reports, and the construction and intelligent use of records.

- (b) Give short talks on special types of camp behavior problems centering around the facilities and methods available for meeting them.

- (c) Instruct counselors in the essential principles of child guidance, mental hygiene, and of social case work, with particular reference to the expected maturity levels of the campers.

(d) Encourage a viewpoint in keeping with the camp's objectives and in relation to the counselor's own sense of adequacy and emotional maturity in understanding camper's problems

2. *Camping period.*

In the first two weeks of camp when counselors and campers are forming new habits of adjustment the consultant may be called upon to assist in the solution of many problems of an inter-personal nature. This is the time when some campers may need particular supervision and guidance in forming new friendships, in overcoming homesickness and particularly if a child is at camp for the first time, in planning his program. The end of the first four weeks may be a suitable time to review each camper's previous record, his emotional adjustment, his interest and progress in the camp activities, his social behavior and his relations with tent or cabin counselors. Schedules can then be rearranged if necessary, tent placements revised and a careful consideration of each camper or groups of campers made by counselors and the consultant, through group or individual conferences.

This is also a suitable time to consider and, if necessary, to revise the system of records and to discuss further its usefulness and interpretation. By means of conferences with counselors the consultant has an opportunity of receiving suggestions for improving the camp program which may then be passed on to the director. In addition he may help a counselor make his own decisions about personal problems of adjustment to the camp situation.

In the final period of two or three weeks much work can be done through close collaboration with the director in reviewing each camper's progress, preparing the final reports for parents, schools, and in some cases, social agencies. During the whole camping period the consultant may have frequent conferences with the director, either at the latter's request or upon his own initiative, on any matter affecting the camper's welfare. Regularly scheduled conferences, similar to case conferences, can also be arranged either with unit leaders, the whole counseling group, or with cabin or tent counselors.

Personal conferences with campers is another important function. The nature, method of approach and frequency of such interviews will depend on the type of problem, the age of the campers and the degree of rapport already established. One of the consultant's first functions is to establish friendly informal relations with each child as soon as possible after the opening of camp. Obviously this is affected by the camp enrollment and whether all campers are new to him. However, to understand clearly the relationship between consultant and camper in this setting it may be advisable to point out certain limitations and difficulties. No specific procedures can be outlined because the objectives and methods will depend entirely on the needs of the particular case. But deep-seated therapy is almost impossible and under the circumstances certainly inadvisable. In the first place, the time available

for treatment is insufficient, and even in camps organized to deal with behavior problems there is hardly enough time to apply therapeutic procedures unless the camp is closely integrated with a long-term clinical therapeutic program, or one specifically organized and staffed to deal with problems of maladjustment and personal difficulties. Moreover, singling out a child for definite and systematic study may over-emphasize the nature of the problem, the significance of which is not at all apparent to him at the moment. For these and other reasons the institution of continuous deep therapy has very definite limitations. In agency camps, or camps supplying the needs of boys belonging to youth organizations, such as the Y. M. C. A., Boys' Clubs, Settlement Houses, and recreational centers, it is practically impossible to expect that the major behavior or personality difficulties will be alleviated on the basis of a two or three weeks' stay with even the most specialized psychological services. However, by indirect methods, it is possible to help a camper gain insight into his difficulties and to appreciate the significance of his behavior to himself and others; tensions can be reduced, appropriate habits established and fears eliminated. To obtain reliable information of a diagnostic nature counselors may give reports of a camper's behavior in the cabin and in the daily activities to supplement what the consultant can observe directly. It is important to remember that observations should be made systematically in several situations. Whatever methods the consultant uses, they should be primarily directed to strengthen the relationships between counselor and camper or between campers.

Whether a camper's difficulty is a defect in habit training, or a conduct disorder or personality defect, those problems centered in the emotional relationships within the home constitute the most important and serious challenge to consultant and counselors. A counselor's objective sympathetic understanding with a balanced attitude of affection and independence rarely fails to meet the needs of a child who feels insecure or otherwise inadequate because of parental tensions, neglect or instability. Of course, the counselor himself must be emotionally mature, resourceful and adaptable and definitely convinced of the worthwhileness of the values his camp has to offer before he can deal effectively with the growth of the campers for whom he is responsible. Again, it cannot be too strongly emphasized that *the guidance of counselors is as important as that of campers and naturally falls within the scope of the consultant's responsibilities*. Although guidance rests primarily upon the quality of personal relationships interpreted through professional skills, the ramifications are so wide that such contingent factors as the following—to cite only a few—must be considered.

1. The camp's objectives and the particular emphasis given to the summer program.
2. The qualifications and training of counselors

- 3 The limit and extent of counselor responsibility in the general management of the camp.
- 4 The degree of freedom allowed campers to choose their particular activities and to take part in the planning of the total camp program
5. The disposition of free time for counselors and campers
6. The roles of competition and awards
7. Counselor relationships and problems affecting staff morale.
8. The degree of co-operation with schools and social agencies preceding and following the camping period
- 9 The methods adopted by the camp authorities for communicating with parents during the camping period.
10. The child's length of stay at camp.
11. The camp's financial and physical resources.
- 12 The role of the director as interpreted by himself, by the counselors, by parents and by campers.
13. The nature and profitable use of records.
14. The methods used to evaluate the camping program and the extent to which counselors and campers can participate in this evaluation.
15. The homogeneity of the camp's clientele.
16. The opportunities given counselors to obtain an adequate knowledge and understanding of each camper, prior to and during the camping period, such as interviews with parents, accessibility to records.
17. The provision of opportunities for counselors to make inter-camp visits and to attend conferences of counselors in neighboring camps.

There are few camp directors who will deny that guidance is an integral function of any well-directed camp. Many, however, are not yet willing to recognize its salient importance to the extent of delegating the responsibility for its direction to a person professionally trained for such purposes. Many camps already employ psychological or psychiatric consultants but usually such people have to deal only with the outstanding and rather severe cases of maladjustment. But from the standpoint of human values which should be the chief concern of any camp proud of its work for the welfare of children, it is eminently more practicable and satisfactory to have available the services of a consultant whose functions, as outlined above—partly therapeutic and partly liaison—could be used to prevent the development of serious problems through contacts with individual campers, parents, counselors and the director. The already existing need for such help will be increased manifold as the war progresses and certainly so in the post-war world in the long drawn out period of economic, social and emotional readjustment.

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THE GUIDANCE PROBLEMS OF NEGRO YOUTH

By

CHARLES S. JOHNSON

IN dealing with Negro youth we are dealing essentially with the social results of the interaction of personality and culture. This is the first broad statement of the problem. What we call human nature is a social product. Children are not born human; they get their human traits through living with other people. This is what we call socialization. But living with other people is something more than simple physical association. The difference between animal and human societies is that human societies have traditions. These traditions are the customs, institutions, conventions and ideologies passed on from one generation to the next. They provide the structure of society and the means by which social life goes on. The sum total of all of these standardized ways of behaving and thinking, and even feeling, is what is meant by our culture.

Cultures differ between peoples and are very largely determined by the environment and the characteristic lines of action required by it. "Persons automatically adapt their lives in accordance with the activities they must perform." One may be said to belong to a culture when he can share it freely and in turn contribute to it.

The basis of personality is the fundamental drives which seek satisfaction in the environment. In this sense it may be said that the culture molds the personality and conversely, personalities are constantly modifying the culture. One type of environment may develop from these drives certain types of personalities that under another environment might remain quite rudimentary, and conversely.

All of this is important and preliminary to any understanding of the problems of Negro youth. When we think of personality as the organization of the individual's habits and behavior patterns in his efforts to find adjustment to the environment, and in his effort to survive and achieve a career, we can see immediately that various factors are involved. There is adjustment when a comfortable, functioning relationship is possible with the social group in which the life interests of the individual are set. Where there is adjustment there is no emotional conflict; and where there is lack of adjustment there

is frustration of the emotional drives and desires of the individual. This frustration may take a variety of forms—from direct aggression to anti-social behavior to neurotic repressions, withdrawal from the world of reality, chronic avoidance or fantastic patterns of displacement, or deflection of aggression.

Several generalized observations might be noted. Negroes in America are essentially in a state of transition and change—first, from a totally different ancestral pattern of culture about which they now know little or nothing, and later, from an organization of their total life patterns in the American economy which made no provision for their total integration. The result is a strange and persistent dichotomy between the total stream of culture which is their theoretical inheritance, and the inescapable folk traditions which shape their lives.

The problem becomes vivid when we contrast, for example, the content of common school instruction, which is the formal medium of communicating culture, with the incongruous patterns of life of the Negro children themselves. Even more seriously, the ideologies and institutional patterns of race relations which are a part of the culture imparted, inevitably are shared and very largely accepted by the subordinate group with the same emphasis and interpretation of the dominant society. A result is that the marginal peoples are unconsciously impelled to think of themselves in the same derogatory terms which are characteristic of the members of the dominant group in thinking of them and in behaving toward them.

Consider the unconscious absorption of the value judgments of the white world on Negro physical traits, notably color. The extent of racial admixture in the Negro population makes this an important problem for personality adjustment. There is a pronounced disadvantage for "blacks" in the ideological heritage. The concept of "blackness" has held an unfavorable connotation. "Black is evil," "black as the devil," are phrases which suggest the emotional and aesthetic implications of this association. With Negro youth blackness is an unfavorable judgment. There is a striking tendency to classify as "black" a disproportionately large number of negative value indexes. For example, a group of 2250 youth was asked to check the color of the ugliest girl or boy each knew. Forty per cent checked "black" as contrasted with 10.8 per cent who checked "yellow" and 6.5 percent who checked "light brown." On the other hand, when asked to check the color of the most beautiful girl or boy each knew, 55 per cent checked "black," and 42 per cent checked "light brown." As a matter of fact, "light brown" is a significant ideal.

The social values associated with color have extremely serious consequences for Negro youth. Conflict situations may develop between families. It often happens that darker children in families feel that their parents give preference to the siblings of lighter complexion. Even such inadvertent and casual comparisons as "better hair," "nicer complexion," "prettier skin," "nicer shade"

affect the more sensitive youth and contribute to their feelings of inferiority. Children may apply color values unfavorably to one or the other of the parents, or find themselves apologizing for the dark complexion of a parent. They may even harbor resentment against the parent who was biologically responsible for their own undesirable appearance. By far the most frequent instances of color sensitivity, however, occur outside the home as the child attempts to make adjustments to new groups.

Thus, the core of the present problem of Negro youth is that they lack a stable tradition in harmony with the culture to which they are being assimilated, and they have no well-defined future toward which their drives might be fashioned.

The whole tendency of modern life is toward a breaking down and shattering of the older Negro traditions, through education and literacy, mobility and urbanization, occupational readjustments, and the vicissitudes of our rural economics, without providing adequate substitute arrangements for the satisfaction of their basic emotional and status drives.

Differences in education, occupation, wealth and, to some extent, length of family lines, have been slowly operating to create class differences within the Negro population. These are sources of emotional tensions which find acute expression, notably in the adolescent period. The fixed limits of their racial status operates to narrow the range of career objectives, and thus incentives are impaired.

The racial position of the Negro child, sometimes described as the caste position, is strongly determinative of behavior. Race as such has no significance for cultural behavior, but whether intended or not, group behavior tends to conform to dominant expectation. The stereotypes and reinforced popular conceptions of the type, the elaborate system of punishments and awards, as in the case of children in an adult world, gradually mold these patterns. In time these rigid expectations, defined in the etiquette of race relations, become the socializing influences for the Negro child. Let us look at some of the direct applications of this theory.

The family is the primary culture-bearer. What does the Negro family, and in particular the rural Negro family, communicate to the child? Its view of the world is, of course, limited. The language repository of ideas and meanings is limited and flavored with a folk-psychology resulting from restricted communication with the larger world of ideas and knowledge systems. The skills transmitted and the patterns of manual manipulation set are crude and approximate, and adjusted to a simple, unimaginative routine. The social codes are based upon security through dependency, which rules out collective security through the highest survival values of a group. Family organization is shaped to the exigencies of the environment and the vicissitudes of an uncertain economic status. The conceptions of the world about them lack the structure of rational analysis within the framework of modern science. The best

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example of this is the folk conception of the cause and cure of disease. The techniques of survival which become the content of family instruction in behavior are those which are contingent upon tolerance of an outside group and the requirements of its own career. This process includes learning how to be a Negro. Southern rural Negroes have their traditions, but these are set awkwardly and inadequately in a larger culture which is not, essentially, their own. These are the traditions characteristically passed on to the typical rural Negro child by his family.

The process of acculturation and of assimilation is, basically, a change of planes of the larger culture. The most important index to this change is the class stratification within the Negro group. Thus, for the Negro youth, the tensions inherent in the intra-group class struggle become extremely important, and are complicated by a low economic status held firmly by racial restrictions on occupational mobility.

Some of the results of this situation are to be found in the school. There is a lack of any discernible relationship between the formal content of instruction designed to relate the youth to his ongoing past and to provide him with the manual and intellectual tools for dealing with his environment—and the traditions and status definitions of the Negro youth.

The rural youth meets school with mixed attitudes toward the value of education. On the one hand, the school is either expected to provide a formula for escape from a status, or it is casually accepted for its social satisfactions without serious regard for the subject matter presented. Studies have revealed that considerably more than half of the youth are uninterested in school; that most of them view American and European history as remote and unrelated to their own past or future careers; that they lack the psychological set and self-confidence for using numbers; that they read poorly and without a will to translate the printed page into familiar experiences; that they lack the elements of precision and exactness in manual manipulation; and in general make little or no connection between school and everyday life. Most of the youth eventually drop out of school before reaching the 7th grade; and of those who remain, the extent of the success of the education which they receive can be measured by the expressed desire to leave the setting entirely. In other words, the elementary school provides a type of isolated environment related functionally only to the environment of the secondary school, which, in turn, was oriented to the college. The only convincing value of the intelligence tests is perhaps in providing an index to the detachment of the average Negro youth from the significant currents of knowledge in the dominant culture. The results of a testing program with 2250 Negro youth show median intelligence quotients of 77.5 for boys and 79.6 for girls. This no more means that these youth lack native ability than that the girls are basically more intelligent than the boys. Actually, it might be said that the measure of the sex difference is

the measure of the unrealistic adjustment to the knowledge content of the school system.

Poverty and ignorance confine the youth of the lowest economic classes in a low and loose cultural world. The hopelessness of their status often contributes to a type of free living that acknowledges little responsibility to accepted standards. There is confusion of values as between the older controls of the Negro folk society and the controls of the newer standards. In this group, education, if it has utility at all, is most useful as a means of handling some urgent practical problem, like counting and reading notices which might bring trouble if ignored. With less opportunity for recognition through education, money, and status, the youth of these families more often seek their self-assurance in the freedom of sex, or in a reputation for physical prowess, or for being a bad man, or in other anti-social forms of behavior. This does not apply to all youth of this class. Many of the families are merely uneconomic types of family units which are incapable of self-support. They may be sensitive to community values but forced to live only as conditions permit, whether their social behavior is sanctioned or not.

The higher the social classification of the rural Negro youth, and the more intelligent the person, the more acute, apparently, are his adjustment problems. It is not possible for the youth of this group to utilize the simple escapes which are possible for youth in families in which less is expected. Class and status concerns exercise a control over vocational interests. Whereas the middle class Negro rural youth finds his tensions in the struggle to dissociate himself from the conspicuous status of the lower class Negro, and to achieve the exclusive status and apparent immunities of the upper class, the youth of the upper classes find that they have reached the levels of racial tolerance in development in the area and, having neither hope nor incentive to higher status, they lack the educational zest of the middle class, and some of the lower class youth.

Among the middle class there is the constant struggle to maintain "respectability," to attain the symbols of a higher class status. Since education is for many of them a symbol of improved social status, there is a terrific social and escape drive in these youth that is met by discouragingly poor schools and uninspired and unimproving rural teachers. The schools, thus, become areas of tension of a most serious character.

Most important, however, is the fact that as the cultural isolation of these youth is broken down through some measure of education, mobility, and the introduction of newer standards from the larger culture, there is a break with the family, the community folkways and the old controls of the institutions of the Negro groups.

The most hopeful aspect of the present school situation is the interest which pupils and parents continue, on the whole, to maintain in education as a panacea, and the faith which they have in the power of education to confer

prestige and to facilitate racial and occupational escape. These factors have undoubtedly helped to overcome in some measure the excessive odds against them in the disproportionate allotment of available funds for white and Negro education in the South. However, the pressure of this complex struggle upon these youth has not been without its tragic effects. It has developed in many instances misshapen personalities which to the casual and busy school administrator are mistakenly regarded as evidence alike of the danger and of the meaninglessness of education for Negro youth.

The church has been the strongest social institution of the Negro group. Among members of the older generation of Negroes, the economic and cultural homogeneity of the group gave it considerable cohesion. It appears, however, that the rural youth are in a considerable measure in revolt against the rural church. This is not a revolt against religion, but against the traditional church leadership of the rural areas that has not changed even as much as the schools. The formal ban of the Negro church upon dancing, card playing, baseball, and even checkers, while reflecting accommodation to the sex mores of an earlier period which are out of conformity to the newer standards, has raised questions that have led in many instances to distrust of the ministry and elder leadership.

Studies have revealed that no less than 80 percent of these youth were distrustful of the leadership and unimpressed by the methods and antics of the "illiterate ministry." There is no place in the rural church for self-expression for the youth, and less of interest generally than the church provided for the youth of a generation ago. The competing recreations, both of harmless and dangerous types, are growing in numbers and influence in the rural areas. No adequate substitute has been developed by the rural church to compensate for the demand for self-expression, recreation, and the absence of ethical-social guidance for youth. The same studies revealed, however, that respect for the church increased from rural to urban areas, and the highest respect for the church was found not only among the most intelligent, but among those exposed to the most intelligent church organization and leadership.

The race system has profoundly affected the conception of the Negro youth of themselves. Take, for example, their attitude toward themselves as Negroes. They are race-conscious but have no race pride. Nothing in the known past or present status of the Negro offers support for group respect. The center of gravity, so to speak, is outside the race. Where the racial status is not resignedly accepted, the effort is primarily to escape it individually.

Social workers in the cities of the North have frequently observed Negro family and child difficulties that seemed to represent a chronic ineptitude for urban adjustment, problems to be faced by the social agencies as inevitable and hopeless. Most often this appears in those families recently in transition from southern rural areas, or in families that may have lived in urban areas

for many years, but have lived in little enclaves of the city, effectually insulated as well as isolated from the dominant currents of an urban society

The substance of this thesis is that the Negro population which is in process of acculturation lives on many planes of the American culture. The class differentiation in this population, particularly as noted in the cities, is roughly a measure of the cultural levels on which various strata of the population live. Each level constitutes an exclusive cultural environment, with its social traits, social standards and values, adjusted to the exigencies of the life the families must live.

It is, thus, not enough to know externally that there are needs that are common to all children in terms of the best American social standards. These needs must have meaning for the families in terms with which they are familiar. Although the partial cultural isolation of Negro urban families, notably on the lower economic levels, keeps them in a world of their own, with its own survival techniques, the basic problem can best be illustrated in the case of families in northern cities that have their roots in the rural South.

Any change is likely to bring with it disturbances of the old sets that may lead to personality disorganization. A personality adjusted to one type of environment can and often does experience serious disorganization when introduced into a new situation for which responses have not been developed. There is consciousness of lack of experience for participating in the recognized group of the new setting. For adults it most often throws them back upon themselves and the approving society of those of like habits and standards. The young children are a part of this *enclaving*. The older ones, in contact with a larger world outside, are confused as to the value or acceptability of their old familial controls, and before developing a new discipline for behavior may wander aimlessly in a loose and undefined cultural world.

Within the city we are able to classify Negro families according to economic status and cultural planes, describing a vertical stratification. At the bottom is the population referred to above—the recent arrivals in the city, performing unskilled work, receiving a subsistence wage that crowds them together in the slums where they maintain a precarious existence. The “folk” Negroes who are represented in these families, who come into the city from isolated areas of the South and find employment in unskilled work or domestic service, are most likely to continue a measure of this cultural isolation in the city, and to lead lives not greatly different from that to which they have been accustomed. Just as their ways of life and standards of living are altered little by moving to the city, so are their habits of thought and ideas relatively unaffected. The parents and children making up such families often come to be regarded as problems to the social worker, because they ignore the legal and conventional demands upon the urban community. They retain as far as possible the controls which governed them in the rural areas and small towns. They have ambitions for their children, limited by their vision and by their limited incomes. In

reality, they are not very different in character from other first generation immigrants who, bewildered by the city, seek to retain organized personalities by recreating, in "pockets" of the city, the associations, institutions, and customs with which they have been familiar. They become an educational problem, requiring direction in a new culture.

It is often difficult for the casual observer to distinguish between the "folk" and the underworld inhabitant in the city. Careful observation is necessary to know that one is organized in a fashion that does not fit the urban way of life, while the other is disorganized and has adopted a code contrary to that of the folk as well as of the urban community generally. For example, a distinction would be drawn between a stable, common-law family arrangement and prostitution, between non-conforming rural folk habits and overtly criminal practices.

Several frequently observed characteristics of disorganization of the family in urban areas are to be seen in the atrophy of functions it can no longer perform. One important cohesive factor in the rural family, for example, is its function as an economic unit in which the labor of all its members contributes to their collective maintenance. In the city, wages earned by individual members of the family may contribute to the independence of the wage earners, and to a feeling that money earned should be used for their personal needs and not shared with those who cannot or do not earn. Attempts by parents to appropriate for common maintenance of the household the money earned by children may be resented and ultimately lead to the separation of the family.

Another problem arising out of economic situations is that occupations in the city do not permit the constant association of parents and children, as was true on the farm. Occupations which take both parents out of the home for long periods in the day leave the children to their own devices, which may easily involve anti-social behavior. The small wages parents earn may be insufficient and children may be encouraged to secure jobs in order to supplement the family income. These jobs take the children into situations beyond the reach of parental control and, incidentally, keep them out of school.

The prestige and influence of parents are often undermined by the child's awareness that he is more conversant with city ways than are the parents. The persons who influence his opinions are those who are able to explain the city and its life to him, and to acquaint him with new behavior patterns and advanced ideas. These may be of doubtful value, but in his attempt to make an adjustment—even an inadequate one—the child has moved beyond the parents, whose "quaint" ideas and crude behavior certainly belong more to the farm than to the city streets. Parents who are unable to interpret the standards and values of the city lose prestige in the eyes of the children, and their influence on the behavior of the children is usually lost. It is not

uncommon for the parents themselves to make evaluations and accept standards they regard as urban, but which represent slum or underworld values

Disorganization of the family, occurring with the failure of the family to serve its essential functions, achieves its significance because of concomitant disorganization and demoralization of the personalities of its members. In a well-ordered family standards exist which command respect, and a family pride which impels its members to acquit themselves creditably in all situations met in the community. When the family becomes disorganized, and releases its members from obligation to respect its values, and when the *esprit de corps* no longer exerts control over their conduct, behavior may become aimless, if not downright anti-social. The individual person shows the effects of family disorganization in his behavior in other associations. The breakdown of family control is reflected in the choice he makes of associates in the effort to realize fundamental interests, and in maladjustment in associations considered as desirable organizations for the realization of special interests.

The school is an institution which may serve very well as a further illustration of the problem. Personal maladjustment in the school may be evidenced by a variety of violations of the expected behavior for an acceptable student. Truancy is behavior legally defined in most urban communities by school attendance laws. In a society where regular school attendance of children of stated ages is a legal requirement, truancy expresses maladjustment. The children regarded as fully adjusted spend a much longer period of time in school than that legally prescribed. Truancy is not itself a maladjustment, but an index to maladjustment, the nature of which may be attributed to single or multiple causes, any of which expresses conflict with the accepted standards of the urban society. The child may absent himself to work where or when children in his age group are not expected to work. The truant may lack the clothing he regards as necessary. The school routine may be irksome to a child who has not habits of regularity or of discipline in the family, or interest in the subjects taught because they have little or no meaning with regard to his life problems. The child may have come quite recently from a society in which school attendance is not compulsory and, in fact, is often discouraged.

Truants are not the only children regarded as maladjusted in the city schools. Various types of problem children are "present" every day. Those lacking in intelligence and original endowment may be immediately excluded from this discussion. Retardation due to experience comes within our province. Boys and girls from the country, or out of enclaved but backward families in the city, whose chronological ages and physical development are in advance of their school achievement are misfits in more ways than being crowded into seats too small for them. Self-consciousness, embarrassment, and troublesomeness often result.

The compensatory behavior may frequently be regarded as an index to limited intelligence when in reality the problem is a status phenomenon and, thus, very largely social. Another type of problem child is one whose early moral restraints have been destroyed without adequate replacement. This is the intelligent child who makes teachers gray early. He may be regarded as "mischievous" or as "incorrigible." He learns his lessons easily—if he wants to, he can also devise more bizarre and ingenious disruptions of classroom decorum than adult imagination can anticipate. More often than not he is at war with smoothly operating orders in which some circumstance precludes his occupying a status to which his abilities entitle him. The only means by which he can achieve recognition and play a role he feels worthy of him is by throwing the machine out of gear. This problem gets particular accentuation in the case of Negro children in schools predominantly white—when there is little knowledge of and frequently less interest in the pupil as a person.

Among other types of problem children might be suggested the child whose parents believe education is unimportant and that it erects a barrier between the child and his parents who "are not good enough." His anti-social behavior may assume any one of several forms expressing the conflict between the values he and society regard as important and those of the parents. Status is not determined by any single attribute, and the role of the individual in any one association reflects his role in others. The financially disadvantaged, "socially" disapproved person very rarely occupies a position of preeminence in an approved interest-conscious group. Diagnosis and principles of procedure, however, are unchallenged fundamentals grounded in the sciences on which the art of healing, the art of building, or the art of social construction are developed.

General results from studies of Negro youth lead to the tentative conclusion that southern rural Negro youth get little emotional security or constructive stimulation from identification with the Negro group; that this is due not only to the institutionalized race attitudes of the region regarding the group, which disparage it, but to the fact that few examples of value on which genuine pride can be based have been available to them through experience or literature. The Negro youth of broader education, and those in areas more effectually detached from widespread economic inadequacy and cultural backwardness, and from the racial concepts associated with this status, have greater apparent respect for their own race. Moreover, for Negro youth living in the North, which is the haven of escape for southern Negroes, no further geographical escape is possible, and they have sought the needed security of group membership by attempting to reconstruct the Negro's past, by glorifying the naive folk contributions of the Negroes, by separating themselves as a racial category apart from southern Negroes, and by attempting to develop new defensive racial ideologies.

These general observations are no doubt familiar to most of us, but there perhaps should be an attempt to interpret them in the light of the role of the Negro teacher, or the teacher of Negro youth. The first education of the Negro child takes place in the home, and the average southern Negro home, rural or urban, lacks the cultural equipment for the tenuous operation of assisting the child in the organization of his impulses so as to secure satisfaction in the two worlds to which he must adjust if he is to survive and grow in this age. The church in general does not touch enough of the total life of the child, or for a long enough period, to be effective, even if it operated on a satisfactory plane of the culture.

The major responsibility for the present at least is on the teachers. Many of the functions of the family have been turned over to the school and other social agencies of the population generally. It seems no longer necessary or intelligent to accept these youth for anything other than what they are—culturally retarded and marginal, in terms of the culture to which they are in process of assimilation. But assimilation cannot proceed as if it were absorbing dead or neutral matter. It presupposes some personality qualities capable of integration into the cultural life of the whole. Thus, in addition to the communication of the basic symbols and tools in terms of meaningful experiences and with, if necessary, overemphasis upon precision and accuracy, the education of the Negro youth must be socially realistic. He should know intimately not only his own environment and his role in it, but the natural history of this relationship. If he knows how it developed he has the first cue to further change. A wise education will provide for these youth a sympathetic knowledge of their own intimate social world and a realistic knowledge of the broader universe in which they must make satisfactory adjustment for survival. They should know their own national history as a group and the paths traced by the successful ones of their status in finding satisfactory careers. They should be provided substitutes for the present defects in inter-personal communication and pride in the accomplishment of those who, like themselves, have an extra handicap which can only be overcome by developing a set for more and superior accomplishment.

The process is not an easy one, either for the pupil or the teacher. It is, essentially, a conscious synthesis of cultural traits. But in the very deliberateness of it, aided by the plasticity of human nature, there lies the possibility of shaping a new race even better adapted to the shifting configurations of this modern civilization than are millions of other Americans who remain in a world and a day of change bound by the chains of custom, and whose greatest pride is in the deeds of their ancestors.

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SPECIAL GUIDANCE PROBLEMS WITH MIGRANT CHILDREN

By

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MIGRATION as a step toward better economic opportunity has characterized the development of the United States. In normal times migration enables individuals to better themselves, offers new opportunities, in time of stress the human resources of the country are redistributed in this way. It is its helter-skelter quality that interferes with effectiveness. To halt unnecessary migration at its source is as important as to provide for needs of migrating people.

At the present time there is particular concern for the welfare of children separated from their natural homes, subjected to loss of the constant factors which are regarded as of such importance in the development of personality. The change may be violent, due to some catastrophe, it may be chronic, resulting from the inadequacy of parents or guardians, it may be intermittent due to economic conditions. The term "migrant children" might be used to include children who are refugees; children who have been evacuated; children from broken homes who move from relative to relative or from institution to institution; those whose families follow need for labor, agricultural or industrial; those whose fathers are transferred from one office or plant of a great concern to another. Many migrants are unrecognized as such, it is not customary, for example, to regard the children of clergymen or teachers, whose tenure is brief, as migrants; although they suffer from some of the disadvantages of an itinerant life, they have the support and safeguard of the security that comes from a stable and recognized position in the community.

This particular discussion concerns itself with the children of families who are classed as workers, whether agricultural or industrial.

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Japanese families have worked in the fields, but have carried on agricultural work as a group; they have leased land, cultivated it, and marketed the product. War conditions necessitate in California the evacuation and resettlement of large numbers of Japanese, both urban and rural. New problems,

human and economic, are entailed which are particularly pressing in agriculture, but are not properly a part of the present discussion

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In California the term "migrant worker" has been used to refer to the agricultural worker who follows the crops and, as seasons change, moves from one locality to another wherever labor is needed. During the war in California another group of children has come into the state which may be classed as migrant, the families of workers in defense industries. While economically they are in far better case than the children of agricultural workers, in other respects they suffer from some of the same disabilities.

"In their descent upon defense areas they brought with them problems of community organization, housing, schooling, sanitation, and recreation, rather than problems primarily of relief."¹

Migration of another order is that of the 350,000 American families who wander from state to state and from one part of a state to another earning a precarious living as farm workers. Their labor is essential as agriculture now is organized.

There is a certain interchange between the groups. Many workers who had been employed in agriculture were occupied in connection with defense activities. During depression years men who had been employed in industry increased the number of itinerant agricultural workers. Possessing skills other than those needed in care of crops they naturally were restless. Coming from a different background, although from the same general geographical areas, they brought into the camps a new element. They have a group solidarity that the agricultural workers have not developed. They are more articulate with regard to rights, privileges, and wrongs endured. When conditions changed these men naturally found employment in defense industries.

The self contained, independent farm is not characteristic of California agriculture. From the time of the Spanish grants enormous tracts of land have been cultivated under one management. These "factories in the fields" have employed landless, rural proletarians who had no home but followed the crops: American Indians, Chinese, Hindus, Japanese, Filipinos, Mexicans. These itinerant workers who planted, cultivated and harvested crops were for the most part single men, there was little or no public concern for their welfare.

Although migrant labor is not a new factor in agriculture, today the supply of workers is provided for the most part by native, white, American families. The present day migration from Arkansas, Oklahoma, Texas and other dust bowl areas brings into sharp focus a movement which began after the Civil War when western lands were opened to homesteaders.

¹ Collins, Henry Hill, Jr. *America's Own Refugees, Our 4,000,000 Homeless Migrants*, Princeton University Press, Princeton, 1941, p. 230.

In the decade just past three patterns of agriculture migration have emerged.

- a. Periodic, mobile, labor pool of otherwise unemployed workers,
- b. Displaced farm families,
- c. Surplus rural youth, coming of age on the land.

Mechanized farming, depletion of soil reserves, farm debt, coupled with reduction of working force needed for farm production and diminished opportunity for employment in industry, magnified an existing situation. The drought of 1935 drove many families, whose land was of marginal productivity, in search of work elsewhere

Depression years coupled with succeeding seasons of drought in lands of marginal agricultural usefulness occurred at the same time that a new supply of itinerant labor was needed in California. Families who could no longer subsist on submarginal acreage when conditions were unfavorable formed a new pioneer group. Their covered wagons were drawn not by oxen but driven by motor power. They did not expect to settle on free land nor to establish themselves as land owners and farmers, they moved as wage earners. For the meagerest kind of subsistence, the labor of the entire family was needed.

Contemporary migrant families are, for the most part, of old American stock, bringing with them the Anglo-Saxon traditions and culture which were transplanted to the mountains of the South in the seventeenth century. When they moved farther west they brought with them many of the customs, and the traditions, which they had at an earlier period carried across the southern part of the United States from the mountains of the Southeast. Their tradition was that of mountain men and women, proud, independent, solitary, narrow in many ways and slow to change their way of life. Some of them are of the order of the backbone of the American nation, others were ne'er-do-wells, shiftless, thinking only of the immediate need, accustomed to a low standard of living, undernourished, apathetic. Some of them are wanderers by inclination; some of them are wanderers by necessity. It is important to keep in mind this range of quality and of standard in studying the situation in which the children of these people now find themselves. In many ways these people represent a cross section of the American population.

There is, of course, particularly in Southern California and in Arizona, a large group of Mexican families who, in marked contrast to the somewhat taciturn Okie, Arkie and Texan, show the characteristics of the Latin. They are warm-hearted, responsive, ready to appear to accept new ways. Probably they actually are more pliable. In one camp there is a group of gypsies; the women work not in the fields but set up as fortune tellers while the men are agricultural laborers; although in person they seem unkempt, their houses are spotless.

The survey made by the W.P.A. in 1938 shows that the heads of these migrant families possessed relatively greater skills, were better educated than the general working population. Compared with any group of the population the migrant workers are characterized by religious faith, love of their native

land, and show an invincible spirit in spite of recurrent catastrophe. They are independent, self-respecting, unused to accepting relief.

These families are characterized by a strong sense of family unity. Since community experience is lacking, the sense of community solidarity is undeveloped.

Basically this group is a deeply religious one. There is a good deal of "noisy religion," the more expressive aspects of religious behavior find acceptance in this group. All too often there is little connection between religious observance and daily living; even some of the most religious are "loud cussers" at their own table. The conservative tendencies, which in religion are called fundamentalism, are part and parcel of a strict adherence to a way of life developed in an earlier social order, adaptation to the present day mechanized way of life is not easy. The isolation of the mountain family, separated from the rest of the world by poor roads and the consequent unwillingness to adopt new ways of life, gave rise to an inflexibility of behavior which makes adaptation to new ways and acceptance of a higher standard of living difficult.

A recent study of 6,655 typical migrant families in California revealed the fact that they have become migrants recently; almost half of them lived for 20 or more years in the States from which they came; only 17 per cent had lived less than 5 years in their State of origin. Most of them are young people in their best working years. The average age of the heads of families was 33 years.

The problem then of the migrant family is not a single one, but a complicated one that falls into many divisions and has varied aspects. Families vary a good deal in size although they tend to be large. The birth rate in camps is high. In 1941 in the 15 camps for migrant agriculture workers in the region which comprises California, Utah, and Arizona, there were approximately 3000 children under 15; about two-thirds of these children were under six; only a fifth were 15 or over.

These migrant workers present one of the serious housing problems of our country. The rural slum differs from the city slum in height of building, in proportion of ground covered by buildings, in extent of congested area. It has the advantage of space within easy reach but it lacks for the most part community provisions; water supply is inadequate, sewage disposal may be non-existent, community organizations may be lacking completely. The advantages of farm life which the city dweller regards as an unfailing part of the life in the country are out of reach for the migrant workers. Mud and dust, heat and cold, flies, are his portion, overcrowding is pitiable.

Income is meager, ranging between \$200 and \$450 a year. As soon as a child can possibly do so, he also must work in the field. Little children go to the field in the family "jalopy" and may be locked in that ancient vehicle for safe keeping while the parents and older brothers and sisters are at work. Some are left at the temporary shelter at camps, for parents feel that is less bad than the heat and dust of the field. Children of migrant agricultural laborers lack

not only proper food, suitable clothing, decent housing, but *also* care of their mothers when they are working in the fields.

It is natural that the concern of the general public should be greater when the families who follow the crops are of the same color of skin and background as those who own the land.

In considering the particular problems of migrant children, living conditions must always be kept in mind. To provide shelter and decent living conditions for these migrant laborers is not a simple matter and it has been accomplished in different ways with varying degrees of success.

1. Squatters' camps though common are never adequate, never provide needed facilities, never permit a decent way of living. There are no sanitary provisions, water comes from river or creek with no regard for possible pollution. These squatters hold their campsite, desperately inadequate as it is, only on sufferance of the nearby community.
2. Growers establish camps which vary greatly in size, in facilities offered, in comfort and in health provisions.
3. County camps have been set up in localities in which local conditions make it desirable, e.g., those lacking adequate growers' camps, or in those not wanting government camps.
4. In camps sponsored by churches special effort is made to establish tolerance and to break down prejudice. Study groups are arranged and preaching services conducted. Churches also have provided recreational opportunities and have established study groups in growers' camps, in county camps, and in Federal camps.
5. Farm Security Administration Camps.

The Farm Security Administration in 1936 initiated a program to aid the States in meeting some of their most urgent health and housing problems. Camps have been built, both permanent and mobile. They do not provide good housing, nor do they solve the migrant problem. The shelters are small and when the families are large the overcrowding and congestion in the home are desperate. Sanitation, however, is provided for, water supply is adequate; there is plenty of hot water for bathing and for laundry. The luxury of abundance of hot water can be appreciated only by those who have been compelled to get on without. They offer a barest minimum of decent living facilities but have done much to relieve suffering and to check the spread of disease.

Some camps have tent space, others provide sheet metal shelters. In each camp there is a community building which consists of an assembly hall, kitchen, and, in many cases, houses the nursery school, or play group. In addition, outdoor recreation is encouraged by providing baseball diamonds, basketball courts, etc. Such a brief and incomplete description of the camp plant gives some indication of the effort that is being made to provide for

adults and for children of all ages. Opportunity for wholesome recreation and for activities that will contribute to a sense of community solidarity help the individual family to establish itself as a member of an organized community.

Grants in aid are also available for the destitute. In the Federal Camps there are clinics operated by the Agricultural Workers Health and Medical Association. At Eleven-Mile-Corner a hospital is maintained for the care of all agricultural workers in that area. The high birth rate which characterizes the migrant group is evident here. The superintendent of this hospital, Mrs. Smith, says that the babies born there are as fine babies as anyone would wish to see. It is difficult to keep the mothers there the two weeks during which care is provided. When the baby goes out with its mother, it is in good shape. All too often, however, the baby is brought back very shortly needing hospital care. In many cases the difficulties are due to improper feeding; for the migrant eat pork and beans are an almost universal diet. These mothers tend to nurse their children for a long period, partly because of the difficulty of providing cow's milk, and partly due to the superstition that as long as a baby is at the breast the mother will not become pregnant again. It is not unusual to see a mother nursing a child twelve or fifteen months of age—hard on the mother and hard on the child.

It is the policy of the Federal government to leave no stone unturned in its efforts to reestablish farm families on the land, rehabilitation of farm families is part and parcel of the program of the Farm Security Administration. To this end it has set up cooperative farm projects and has in each permanent camp built a number of farm labor homes to accommodate men and their families in sufficient number to meet the opportunity for permanent employment in their community. Each of these has its own garden space in order that the family may add to its total income by raising food. These families are carefully selected; it is a privilege to be invited to occupy one of these homes and the family is expected to maintain a standard of living, to keep the home in good shape, and to cultivate the garden plot. These families become an established part of the local farm community as well as members of the farm colony.

The organization of the camp involves a manager and a home economics supervisor who works primarily with women and children. The actual government of the camp is in the hands of the camp council elected by the residents. The welfare activities are carried on by a woman's committee called the Welfare Committee who are also elected.

The Welfare Committee, as its name indicates, is charged with responsibility for meeting emergency needs. When destitute newcomers arrive out of the most limited resources food, bedding, clothing are provided. The committee arranges for the public homemaking activities of the camp.

The effectiveness of this organization naturally depends largely upon the camp manager and his staff, although the personnel available for council and committee membership naturally varies in quality. The constant difficulty due to the transitory nature of the residents in camp is by definition an unchanging part of the situation.

The camp councils are an experiment in democracy. There is considerable variation in their quality. In the camps we find something of the town meeting, public opinion is a powerful force because the public consists of one's peers and one's neighbors. Democracy at work may not always be equally efficient. The mobile nature of the population interferes with the continuity of the camp councils and introduces a problem peculiar to this situation.

Occasionally in the camp there crops up a "feud", such matters, however, are quickly settled by the camp council which does not hesitate to exercise its prerogative of excluding undesirable members from the camp.

The effectiveness of the camp organization obviously depends in large degree upon the interest and background of training and experience of the camp manager and the home management supervisor. These positions are attracting able young men and women who see the possibilities in these experiments in community organization. As a matter of fact, two new professions are developing which demand knowledge, skill, and tolerance.

In every camp the cultural contribution of the various groups composing the camp is regarded as a valuable contribution to the life of the community. Spontaneous singing, for example, plays a larger part than in the average community. It is the masculine prerogative rather than the feminine to sing either with his own accompaniment, or that of someone else for the entertainment of the group. The custom of singing appears also in the responses of the little children in the nursery schools. The chanting which so often accompanies activity is more frequent and falls into patterns heard casually about camp.

Young children need care during the entire working day: food, clothing, physical care, rest, opportunities for play, and for experience in good living are essential. Parents need material aid, a sense of competence in their responsibility for their children, information, and skills. Families need to be identified with a community, they need school provisions for the older children, educational and recreational opportunities for children and adults.

Migrant families for evident reasons tend to be isolated from the permanent community; occupationally, socially, residentially. Their children do not participate in the curricular activities of the district schools.

Appreciation of benefits received from the Federal Camp is growing. Recreative facilities are available in the surrounding countryside. Dances are open to all. How widely this goes on depends, in part, on the location of the camp, but more largely on the camp manager. As appreciation of the contribution increases, neighborhood prejudice diminishes. Increasing need of

farm help due to general employment in defense activities is reacting favorably upon community attitude toward these families.

The influx of a large number of children of school age into a rural district taxes the school facilities of the neighborhood. Sometimes this difficulty is solved by the construction of a special school building which the Farm Security Administration may lease to the School District. In other localities the children attend the district school. Since it is the policy of the Farm Security Administration to encourage the identification of the camp residents with the community and to facilitate participation in the community activities, admission of these migrant children to the district school is favored where it can possibly be arranged. This obviously introduces many complications. These children have attended school irregularly. Moving from one school to another only occasionally attending a given one long enough to comply with grade requirements, results in a great degree of school retardation. Local residents cannot be blamed for their belief that the admission of such inadequately prepared children lowers the quality of the school, and consequently, worsens the opportunity offered to the children of those who support the district schools by taxes. Moreover, classrooms are overcrowded; the teacher deals with too large a group; the newcomers absorb a disproportionate amount of her time. It is no wonder that residents feel their own children are deprived, nor that they are distressed because the cost they must bear themselves. One of the serious immediate problems arises from the fact that this year's school income must be based on last year's average daily attendance.

The clothing of migrant children marks them off, even in a day when jeans have become pretty much a school uniform. Often times these children are unkempt; physically they are too large for the group in which they fit academically. They make heavy demands on the time and interest of the teacher and of the school administrators. Where the point of view is that of the best of the so-called progressive education thought and practice, and attitude and procedure conform to that of the child guidance clinic, these children are fortunate. It is to be deplored that such attitudes and procedures are not universal, but the school cannot justly be blamed in those cases in which it judges its chief responsibilities to be toward the permanent residents of a district.

School difficulties then may be summed up under such headings as this: Age-grade retardation; lack of alertness and readiness to learn due to long continued malnutrition, inadequate rest, and overwork; spotty school experience, many of these children attend school only when they cannot work in the field; low standard of educational achievement, never have these families had the same educational opportunity that is the privilege of all children in a large city, nor have they built up the commonly accepted expectations of school provisions.

In a rural school, whether one room or consolidated, the teacher plays an even larger part in the school opportunity than in the city school. Her importance, not only as instructor, but as social worker is increasingly appreciated. Whenever the teacher herself is intolerant of these migrant children for reasons which though self-evident are not laudable, these children are worse off than ever. Coming into an organized or coordinated group of children, they for the most part stand outside. The occasional child may be included in the group. The great majority of these children remain forever outsiders and are stigmatized as Okie or Arkie or dust bowl evacuees. The district school at Somerton, Arizona, has at its head a schoolman of vision, who is far seeing and has a keen sense of social responsibility. To go into so clean and well-kept a school building must, in and of itself, be a valuable experience to these children whose portion so often is mud and dust. This sense of order and of respect for property is the result of Mr. Carlisle's attitude toward the children and their needs. Appreciating the particular and inevitable difficulties which beset the migrant child's life, he is able to plan within the limits of the district school an organized, well-integrated school life. This makes great demands upon the individual teacher; the opportunity provided for each child depends upon the interests and ability of the teacher in whose classroom the child is enrolled. All credit is due these classroom teachers who give to migrant children the kind of individualized attention which suits their special need and helps to supplement the inadequacies of their school experience.

The school lunch program supplements the food provided at home, gives them training in manners acceptable in such an eating place, and helps to develop new food habits. One of the problems in dealing with migrants is that of inflexible dietary habits and one of the objectives of the home management supervisor is the inculcation of more adequate food habits. It is heartening to realize that a district school is practicing those principles of child accounting and child guidance which have been developed in the experimental child guidance centers and schools.

As far as behavior problems are concerned, these children do not differ greatly from the group of resident children except in the matter of truancy or irregular attendance. Some of their customs are different, smoking at a very tender age is customary among the migrants and of particular difficulty to the public school. Swearing, called "loud cussing", is habitual. Apparently it has no more emotional content than more approved language, but it does create a problem in a public school in a community which regards swearing as immoral or at least puts it in a category of violent language. Among certain groups truancy, swearing, smoking, are classed as behavior problems. In some groups of migrants they are run of the mill behavior. Such contrasts or differences in cultural pattern give rise to the irritation, to mutual distrust. Obviously they cannot be managed as behavior problems since they have their

root not in the transgression of accepted ways of behavior, but in the custom of the group.

The school at Eleven-Mile-Corner, Arizona, built by the Farm Security Administration, is located within the camp area and enrolls only camp children. In many ways this simplifies the school's problems for the school can adapt its procedures to the needs of a single group of children. Mr. George, the principal, has organized the school in conformity with the best principles of child guidance. There is a sense of community solidarity, an earnest desire on the part of the teachers to further the welfare of each child enrolled. Mr. George believes that the school must take the child where he is and teach him as much as possible during the time he attends. Migrant children cannot fit into the regular school pattern because their attendance is not only irregular, but in actual duration, brief. Some of the children may enter the beginning of the school year and attend a large proportion, another child may attend only a day and then his family will move on. In this school also the lunch is important, both as a teaching situation in manners and in food habits, and important for the actual addition to the total amount of food intake. Classes vary enormously in size but this constant shift in enrollment and in attendance, presents a problem of particular difficulty to the teacher. Under Mr. George's leadership, this group of teachers is using all the methods and ingenuity at their disposal to bring the children up to the age-grade standard. Many children, however, particularly those who are approaching the age of school leaving, must devote their efforts to learning to read and write. It is something, but not enough, that these children should be literate.

There is little delinquency in the usual sense of that word. The camp council handles such matters and the school refers to them problems which in many an urban community would be referred to the juvenile probation officer or the police. Some of the parents are uninterested in their children's development and are either unwilling or unable to demand a socially acceptable conduct. Other parents are both interested and glad to cooperate, they say "they are able to handle their own children." Such parents are apt to be the victims of circumstances whose standards are those of the average American citizen and who look forward to reestablishing as members of a settled community. Other parents never have been competent. They have never "set their jaw toward anything." It seems too much to hope that the children in such families should ever make the best use of the school opportunities put at their disposal. There is no larger proportion of mental defects in this group than in the usual school, nor is there a larger instance of unstable children. In short, the problems of this group of children are the results of unsettled living conditions, irregular and shifting school attendance, and poverty with its attendant overcrowding and lack of adequate food.

In the colony at Eleven-Mile-Corner there is an NYA residence for girls who are referred from the entire state of Arizona. This residence is located in

the camp for reasons of circumstance rather than because it has any immediate or integral connection with the camp. The girls not only are trained to carry on efficiently the routine work of their household, but also work as apprentices in the hospital, and thereby learn much of hygiene and are trained as nurse's aides. To add so large a number of adolescent girls who themselves come not from the most stable home backgrounds obviously would add to the problems of the camp. The girls enrolled are both Anglo-Saxon and Mexican in origin. The latter are easier to control in the residence because they are kept under closer chaperonage at home and are brought up to respect and even fear the authority of the church as expressed by the priest. The Anglo-Saxon girls have had little supervision from their own families, are eager to scrape up acquaintance with the boys in the camp, and on the whole, are the more difficult to control.

Migrant families have had little opportunity for community activity. They need first of all to build up an interest in the community. On the other hand, it must always be remembered that the family itself has been the community and that this family solidarity has preserved a stability in the children in spite of constant change, isolation, and deprivation of the opportunities offered by our American way of life.

The migrants as a group are apathetic, reserved, slow to admit strangers to their confidence and suspicious of new ways. They cling to their habitual diet, see no reason for adding vegetables nor for producing vegetables to add to their diet. Not only is their diet limited in amount, it is also inadequate. Poverty and ignorance underlie this indifference. They are apathetic in part because they and their forebears have been inadequately nourished, and in part because of their lack of background. They show little concern about the war and its effect in part because they have had no previous experience which would make them realize the need of active effort for community welfare. The limitations of their environment give them no basis of information about the world beyond their own borders. Why should they be concerned about war and its consequences? Emotionally and intellectually they continue to live for the most part in the isolated mountain cove from which their forebears migrated to the dust bowl. For other families, the war means an opportunity for steady work at good wages. It means that their labor in the field is sought after. It means that growers are so arranging matters that a small number of people will have steady work. The migrant laborer has been an abundant source of labor to be drawn upon at the grower's need. Today the agricultural worker must be cultivated if crops are to be planted, tended and harvested. This change in our economic order is doing more to amalgamate the refugee from the dust bowl with his new community and to rehabilitate the migrant worker.

Vocational training classes in school, and night classes provided by the defense vocational training program are of great value. The night classes in

particular, which look toward training of the defense workers in industry, encourage the older boys and young men to learn a trade which will make them self-supporting and give them a more stable place in society.

Interest in migrant agricultural workers has very largely been directed toward these migrants from the dust bowl who are known colloquially as "the Okies and the Arkies." The Federal camps are open to migrants no matter what their race. There is a comparatively small number of Negro farm workers, a larger number of Mexican families, and some Filipinos. Problems of race relationship are not yet solved. Anti-Mexican feeling appears. The whites from the South bring with them their prejudices against the negroes. Consequently, in these camps we find the same problems we find in any community made up of different races. Intermarriage between Filipino and white girls is not common but does occur; resulting difficulties for the children are well known. The camps which have in their membership a variety of races are experimental attacks on the difficult and complicated problem of race relationships. Each race clusters together within the larger camp group. It is important to remember that the problems of Negro children and those of mixed parentage are the same as in the community at large.

It is the consensus of opinion of officials in the camps that on the whole the children show respect for authority. That given equal opportunity, they are as intelligent and as law abiding, as good citizens, as the children resident in the locality. They are adaptable; they know how to meet new experiences. It is easy for them to adjust to changes because they have had so much practice in adjustment. One of the favorite occupation of nursery school children is moving. Poor darlings, it is the thing they know most about.

The children are used to looking out for themselves. In the playgroups the visitor quickly notices the children's skill in managing their affairs and the ease with which they amicably settle differences of opinion.

Living in such cramped quarters, at an early, tender age they know the facts of life. Since they marry at the normal time physiologically many of those problems which are called adolescent do not appear. Girls in their teens are ready for parental training.

In the shelters the child must so early be on his own that he is advanced socially. There are very few of these little children who are unable to take it. These children are independent, they are loyal Americans, they have been reared in the principles of American democracy.

Many of the older people smart under a sense of injustice. They feel that they have had a raw deal, that nature and circumstances have treated them unfairly. Their children show this in their quickness to take offense; their readiness to fight for what they deem their rights. Boys, and girls too, are quick with their fists. Boys, in particular, fight as gang against gang. The line of demarcation may be racial, it may have to do with the particular part from which they came to California. It may be camp against local boys. Quick as

they are to repel any affront, they are protective towards brothers and sisters. The older ones are experienced in minding the younger and expect to be responsible for them.

Often they are slow to change their ways. If it suits them to take advantage of a new opportunity or to adopt some better custom of behavior, they are ready to change; but prejudice and unimportant differences may prevent their acceptance of proffered help.

The sense of family solidarity expresses itself in a reserve and pride, a keep-myself-to-myself attitude, a sharp division between our group and the outsider. At the same time the obligation to show hospitality is keenly felt. Courteous reception of the visiting students making a field trip provides entertainment and coffee at lunch time. Shelters and Farm Labor Houses are opened for inspection. Dignity characterized the mistress of a shelter who, when complimented on its attractiveness, replied "Would *you like* to live here?"

The children are good mixers. They are used to meeting strangers and to accepting them on slight acquaintance. The conflict in this description is real, for there is basic conservatism, unreadiness to change, coupled with an ease in making acquaintance and readiness to adapt to changing situations.

In so predominantly a religious group it is something of a surprise to discover that there are many broken families, that divorces and remarriages are common, that families are made up of her children, his children, and our children. This casualness of human relationship protects the children from some of the difficulties the too solicitously cared for child encounters. Members of the family, however, are mutually dependent; this, in turn, inculcates a sense of solidarity which is all to the good. The mother is apt to be the stronger force in the family. This matriarchal dominance seems to make for slowness in accepting new customs and perhaps contributes to the difference in mores between the older and younger generation. These differences are as real and far reaching in any community in which the older generation is transplanted to a new environment. Even in the white American group, in which the language differences are minor, the habits of thought, feeling and behavior of the older generation set them off from the younger. The problems are comparable to those difficulties which arise between the older and younger generations in any community. The congestion of the shelter home brings its own problems. There are among migrant children the same problems of behavior that are found in communities in which the generations differ between an older and a changed set of environmental conditions, where congested living conditions are common, wherever community resources are not adequate, wherever one group is a stranger in an established community. Perhaps most of all, the behavior problems are those which go along with poverty and ignorance.

The conditions in which the migrant agricultural workers live force them into constant contact with the realities of existence. The integrity of the farm

stock, the directness of their attitudes lie at the basis of our American way of life. The stark reality which Grant Wood portrays in his paintings of farmers and farm life has its place in the life of the migrant worker. Agriculture is at the disposal of the forces of nature in a way which brings home the limitations of man and at the same time frees the worker from some of the imaginative stresses to which the individual whose work is with indoor matters may be subject. It is easy for the town dweller to look upon the rural resident as a more fortunate person who does not suffer from the cramping limitations of urban life. Certainly migrant agricultural workers as well as many farmers, owner, tenant or share cropper, whose economic margin is small or non-existent are subjected to all the difficulties of over-crowding, inadequate living conditions of all sorts, as well as the results of poverty and poor food, inadequate medical care and so on.

The migrant agricultural worker, particularly those who are provided for in some kind of camp, do not have the problems of isolation which are so serious a factor in the social development of many rural children. The continual participation by force of circumstances in a new community develops in the migrant worker certain social skills. These families become expert in adapting themselves to new situations. They quickly strike up some kind of social relationship. In the Federal camps the program of recreation and the community activity helps to build up these attitudes of sociability. Rural people have always made their own good times; visiting and all forms of self-initiated community recreation have played a large part in their social life.

These social skills and their intimate contact with reality make for sanity of outlook and encourage those attitudes toward life which we group under the general heading of good mental hygiene. There are exceptions, of course, as in any group. Difficulties, which in time past have been due to the isolation of the farm woman, have less chance to develop in the case of the migrant worker.

They live near the margin of subsistence and cannot blink this necessity for recognizing the precariousness of their hold on material goods. This is a stabilizing factor in their attitude. The economic contribution of children is needed by the family; at a very early age the children begin to earn, to earn for necessities not for luxuries. A sense of responsibility develops early in the child's life. The contribution of each child to family support is obviously of value. The children know from the first their economic value; they early learn also the value of money and are trained for adult wage earning. Parents freely give attention to the children and their love is demonstratively shown to the young children. The child knows his worth as a person and is clearly aware of the mutual affection. It is traditional in these families to treat the babies and little children with affection; babyhood is brief and intense. As a matter of fact the life span moves quickly, and children swiftly pass from one stage to another. Adult responsibilities are assumed at an early age. The speed with

which the life span moves is shown in the appearance of comparatively young men and women. Hard work and malnutrition do not work for the preservation of youthful charm. One woman in her late twenties about to bear her fifth child appears to be at least forty. A woman in her thirties looks like a woman in her middle fifties. Attitudes of the people toward themselves and of the younger generation bear out this rapid burning up of the fires of life.

Criticism of relatives and friends is not restrained. If a child is spoiled, that information is quickly passed on to his parents. Although the customs of this group are in many ways those of a generation or two ago, the group itself shows great capacity for the adaptation to newer and modern ways when the need arises. Two ways of life are seen in apposition and at times opposition. Strong, as family solidarity is, family disintegration does occur; there is some schism between older and younger members of the family. For example, the older generation dance the traditional square dance to traditional music, while the younger generation are scornful of hill-billy music and adopt the dances of the jitterbug. Divorce and desertion occur but are not devastating facts. The acceptance of reality, the sense of individual responsibility and of the personal place in the family group carries through and maintains the status of the individual in spite of social disturbance. The group as a whole shows comparatively little variation in standards of behavior in the level of possessions and standards of living.

It is easy to over-simplify the life of the migrant, to emphasize points of likeness, to stress aspects which are similar in form and expression to American life in previous generations. It is important to know that the testimony of the men and women who work with migrants as camp manager, home management supervisor, nurse, physician agrees in stating that these people are committed to the American way of living, that they know how to practice democracy, to use democratic procedures in managing their own affairs, that being close to the realities of life they find satisfaction in the fundamental values of human relationships, that as a group they are stable, adaptable, and able to endure. They settle their own difficulties and but seldom call in legal or governmental aid in order to enforce desirable behavior. Beset by difficulties, living in over-crowded conditions, shifting from one location to another, enduring storm and heat with too little protection, living in dust or in mud, not well-fed, with no security for the future except that provided by their own ability to work, they are still in their attitudes and behavior a stable group. Their children show comparatively few behavior difficulties. These children have greatest difficulty when they are brought into touch with the children of permanent residents of the community and are subjected to the necessity of competing with children who have had greater advantages. Their status and opportunities cannot be equalized by individual effort.

As a matter of fact, the picture of agricultural labor in California is changing rapidly as a result of the draining off of surplus of labor from agriculture

into industry. This is resulting in efforts on the part of growers to manage their affairs so that work will no longer be completely seasonal, but will offer steady employment to a smaller number of workers. The diversification of crops is another factor in this changing situation. In the federal colonies for farm laborers are vocational training schools which offer evening classes as one of the undertakings of the state and federal program in vocational education. In many ways the unskilled and casual agricultural laborer is being replaced by the skilled worker who has steady employment either in agriculture or industry. The need for substitution of occupational for geographic mobility characterizes farm and industry alike.

The plight of rural migrant children is a serious one; in spite of great effort to alleviate the conditions of living and to provide better educational opportunities much remains to be done. A second group of unexpected strangers are in need in California, the children in families of defense workers and of enlisted men. Although much has been done through federal aid to provide adequate housing, hundreds of families still live in trailers and in privately owned automobile camps. There, sanitary conditions and over-crowding are appalling. Mothers and children are living in boarding houses which are quite without any state regulation. To all intents and purposes the manager of the boarding house operates a foster day home, but because the mother lives there and is legally responsible for her child, the State Department of Social Welfare has no jurisdiction. For pre-school children and for school children after school hours there is no adequate provision. A heavy cost of defense is borne by the families of those engaged in defense activities whether in military service or in production. The complete accounting will not appear for years to come.

Defense workers are a composite group whose backgrounds, geographical and cultural, run the gamut of American life. They are skilled workers or are ambitious to become skilled. On the whole they are a comparatively young working group who represent the middle range of our population. Their children are economically secure, their status in the community is established.

Not all the problems are new nor are they primarily a function of geographic dislocation, it is a truism that human beings take their problems with them. Behavior difficulties are certainly no more frequent than in the resident population. Children whose parents are not citizens, and those with some handicap, require more help from the new community. The majority need aid in solving problems of a temporary nature.

Boys, eager to earn, drop out of school at the earliest possible moment. Their places are more than filled by the large numbers of kindergarten and primary children. Larger classes and double sessions intensify problems of age-grade retardation. Nor are all the consequences of overcrowded school rooms immediately evident. A shortened, first grade session, and overlarge enrollment invite reading difficulties.

Certain cities as for example, Vallejo and San Diego, have increased so greatly in population that they must unriddle all the entailed problems of housing, school provision, recreation and so on

Sergeant Dibbs, juvenile officer of the San Diego Police Force, believes that the crime wave of 1930 was due much less to prohibition and its concomitants than to the fact that in the years 1917-1918 boys were deprived of the care and guidance of their fathers. The family must have bi-parental care, no matter how able the mother is she cannot substitute for the father, nor is it possible for a father to be in any adequate degree mother also. Juvenile delinquency increases wherever either parent must do the work of both. At the present time for obvious reasons it is more common than ever that the mother must perform these joint functions

This is no time to relax efforts for the prevention of juvenile delinquency. The needs of young men in uniform are so great and patriotic appeal directs interest and effort along the lines of work done so ably by the United Service Organizations. It must be remembered, however, that the present generation of boys of high school age, too young to enlist, but fired to daring exploit and courage, inspired with a new sense of their coming worth to the community are at this time in particular need of opportunities for recreation, of all those helps to the development of character which at their best are received at the hands of parents. Yet many of these boys, though not actually fatherless, live without the immediate supervision of the father. Younger boys, too, are growing up in families which are for all practical purposes broken homes.

In San Diego juvenile arrests, that is of boys and girls fourteen to seventeen years of age, practically doubled during the past year. The increase, however, is due to runaway boys who, wanting to enlist, thought that in a city in which military preparations are paramount, they might be accepted in the services. The girls arrested have come to be near a boy friend or to be in a locality where boys are more numerous

The child development department of the San Diego Schools* is making valiant efforts to meet the enormously increased demands consequent upon the increase in population. The new residents of San Diego, who could be classed as migrants, fall into three groups: The wanderer, whose moving about is habitual; defense workers; navy families. The largest task of the visiting teacher is to interpret the school to the family. Since conditions among these migrant children vary so greatly, what is actually involved differs from family to family. This range of need calls for skill, tact, knowledge, sympathy and resolution.

There are the problems of families that to all intents and purposes are fatherless. In some places the father has been killed or injured in military

* To Miss Elizabeth Tweed and her staff special thanks are due for help given the writer.

operations, in other cases he has not been heard from or is a prisoner. The bitterness of the women in their anxiety can be understood with sympathy. The anxious concern of the children in those families is natural but none the less disastrous.

Many of the families of enlisted men are housed in the navy housing project. Although on the whole their living conditions are satisfactory, financial difficulties are frequent, either because pay checks have been delayed, or because allotments have not been available. The mothers are worried about the fathers; older children are disturbed and consequently are more prone to "raise Ned." There is sufficient difference in status among the families to give rise to social cliques.

Oklahoma parents bring with them the standards of the poor farm home. Income has increased, but the standard of living remains comparatively low. On the whole, the Negro families are called the best adjusted. This may be due in part to the fact that when conditions are primitive certain problems seem less serious. Negroes, however, introduce social complexities, the workers from the Southern states bring with them the traditional attitude toward the Negroes. This is not so serious in the elementary school, but involves more difficulties in the junior high school; for example, fights between white and colored boys. Resettlement in the schools of children from a variety of rural and city schools is difficult enough, the shift of children from school to school within the district means that the families are moving about in the city itself and its environs.

Necessity has provided one of the most interesting contemporary experiments in education; the teachers and administrative officers have accepted the challenge that this experiment must work. In the splendid new housing project, Mission Hills, 2000 elementary school children utilize individual housing units as school rooms; each school group of 25 children has a little house and its yard. Advantages of these small groups are obvious; transition between home and school is simplified because in housing the school is identical with the home. Streets are closed to traffic and used for additional playground space. Although there is comparatively little space for group activities, the smallness of unit and playground encourages intimacy of group relations. The principal of the school says that the children adapt easily and that there are comparatively few of the ordinary problems met within the large school. Teachers describe with gratitude the reduction of strain due to the lessening of playground noise, to the absence of large groups of children moving through halls, etc.

In the enormous housing project, which accommodates 3000 families, there are many young children; in the school the first grade is the largest in population. The children as a whole seem exceedingly stable; they have come from normal home life; there has been no break in the home itself. The migration has been geographical, but has not affected family solidarity. The spirit of the

group as a whole is that of the pioneer. There is no such thing as social snobbery, because there is little variation in status. Many of the families are establishing themselves, are buying furniture and are improving their standard of living.

What will happen later when difficulties inherent in the absence of stores, and community facilities for recreation make themselves felt, remains to be seen. It takes time for women to get acquainted and to form wholesome, intimate social groups. On the whole this group solidarity is more easily established in the trailer and automobile camps in which laundries are used in common and there are close neighbors. There also, neighborhood stores provide a kind of social center. Such advantages as these, however, are more than balanced by the over-crowding, lack of play space and inadequate public health provisions.

Industries now are calling for larger numbers of women workers. Because of lack of housing and transportation facilities, these women must come from the families of men already employed. Mothers who are not well adjusted themselves are more ready to go to work. Family problems are intensified by the fatigue of the working mother as well as her absence from home. Under war conditions, more women in all probability will be employed outside the home.

Living conditions vary so greatly, these new-comers in San Diego differ so greatly in background and in standard of living, that social and educational problems tax available facilities. The schools are making the greatest possible effort to include these great numbers of newly arrived children and to help them become well adjusted members of the school community. Out of school care, however, is in a deplorable degree as yet unprovided for. Lacking opportunities for wholesome recreation, boys and girls find their own activities; for example, they roll rocks down hills on to railway tracks. Most serious of all at the moment, they remove automobile tires. As social conditions change, the particular manifestation of undirected and disorganized energy may vary. The basic problems again are those which come from instability within the home, lack of adequate opportunities for play and a feeling of strangeness in the new community.

The needs of the enormously increasing school population in Vallejo* are being met by double sessions, although as rapidly as possible new buildings are erected to house these children. Last June Vallejo employed 59 teachers in its elementary schools; in March, 110. At the beginning of the second semester not half the sixth grade children were enrolled in the school to which they were admitted in the fall; thirty to forty per cent of the third grade had moved from one school to another. The families of defense workers are young; in 1600 units built by the Federal Housing Authority there are 600 children from one to five

* Miss Roxie Alexander, Director of Elementary Education and Miss Sally Taylor of the Department of Social Welfare of Solano County gave generous help to the writer

years of age. Here also, administrative staff and teachers are adapting school procedures not only to accommodate the numbers of children, but to solve problems of age-grade retardation. Playground space and recreation facilities cannot automatically stretch to provide for so great an increase in clients. Delinquency has increased but not in proportion to the population, children get into mischief when they are in school half-time and have no place to play. Sudden prosperity loosens the restrictions imposed by poverty; for many of these people depression years provided no training in handling income. Public resources geared for a much smaller population are stretched beyond capacity.

That children are affected by moving from house to house and from one part of the country to another is evident from their own conversations. "Mother, when can we go back to our own house?"; "I want my old friends, I don't like these children." One child, whose family had just moved into a housing unit, went "calling", he found a woman who knew how to talk with children working in her garden. Although they lived a long way from one another, the child came to see his friend. At Christmas he brought an invitation from his mother to "supper at his house." The loneliness of the newcomer unfortunately does not always find so direct an expression, nor is it always so happily mitigated.

The common experience of being uprooted, of separation from familiar things, as well as persons in many ways facilitates modification of ways of living and can be utilized, if direction and opportunity are made available, toward building a better way of life.

SUMMARY

This report, incomplete as it is, bears out the findings of previous studies. The migrant child's position in the school is closely related to the position of his family in the community.

Problems of social adjustment and emotional stability are temporary ones except in cases in which such difficulties are chronic and antedate the migration. Moving about may augment such inherent conditions, certainly it offers no cure.

Delinquency always is greater in less favored areas. As yet it seems not to be increasing in proportion to population in spite of inadequate opportunities for play, bad housing conditions, too much money to spend.

Contact with different ways of life, acquaintance with different parts of the country have their value. Whether this equals that of a settled home, continuous schooling is certainly given to question. It must be remembered, however, that some families have bettered their condition; many children attend schools superior to any they have known heretofore.

One significant fact that stands out is the general incooperation of child guidance procedures in the management of children.

Another is the reiterated appreciation of family solidarity as the bulwark of the child's emotional and social stability.

The picture of the migrant child and his particular difficulties is an extremely complicated one, full of contradictory elements. Certain factors affecting the child are inevitably accompaniments of the way of life, others stem out of the particular family situation. The problems of the migrant child are not peculiar to his migratory status, but are those common to poverty, bad housing, lack of opportunity for play, broken homes.

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PART SEVEN

RELIGIOUS ASPECTS OF GUIDANCE

THE ROMAN CATHOLIC ASPECT OF CHILD GUIDANCE

By

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and

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INTRODUCTION

THIS article will discuss the attitude of Roman Catholics toward child guidance and mental hygiene. Through a presentation of some of the principles which guide Catholic judgment and action an effort will be made to give some understanding of the Catholic attitude toward the problems which arise in child guidance. A brief discussion of some of the Catholic beliefs which have a direct bearing on the problems of mental hygiene and child guidance will be included. American Catholic work in the practice of mental hygiene not only in child guidance clinics but also in social work, education, and parochial activities will be reviewed.

HISTORY

It is a historical fact that since its early days the Catholic Church has taught that it is desirable to maintain both physical and mental health. In the years which have passed since the origin of the popular Mental Hygiene movement, with its widespread and effective program of public education, there has been a tendency to assume that, prior to the turn of the century, there had been no effort made to understand individual difficulties or to help individuals to adjust to their circumstances. This impression is obviously false. Although Mental Hygiene as a popular social science originated less than forty years ago, many of its principles can be traced back through the centuries.

The history of the early monastic orders indicates that despite the severity of the regime followed by the monks, provision was made for the requirements of physical and mental health. The program included sufficient rest, food, and exercise, and emphasized cleanliness as a means of maintaining health. The differences in aptitude of individuals as well as the need for happiness in work was recognized and efforts were made to assign members of the order to congenial tasks. There was always provision for a period of recreation. The rule of

life followed in the great Orders of the Church, Benedictine and Dominican, Franciscan and Augustinian, all give evidence of the concern for the mental and physical well-being of their members. Their example has been followed up to the present in other Societies and Congregations of Religious and can be observed in seminaries and monasteries today.

The need for guidance and training of the young was recognized from the beginning in the teachings of the Church. Long before the relative importance of the earliest years of childhood was generally recognized by social scientists and educators, the Church had made recommendations based upon that recognition. The Church has always taught, and still teaches, that the place for the training of young children is in the home and that responsibility for it lies with the parents. The emphasis, of course, has been on spiritual training since the teachings and influence of the home have such an effect on the formation of spiritual and ethical values. Since the Church believes religious values affect every action it can be seen that the effect of religious training and experience would be widespread.

The influence of Church and school has always been recognized as important in the life of the young child. Because the Church believes so strongly that behavior and religion are interactive, it has maintained the advisability of educating Catholic children in Catholic schools where all the teachers would have the same philosophical basis for their instruction.

It is not possible here to trace the development of the recognition of individual differences as a factor in training and education. Such a recognition is implicit in the teaching, fundamental in the Catholic religion, that each one is responsible for developing and cherishing his own particular talents to the best of his ability.

Many religious orders which devote themselves to the care of orphaned, neglected and delinquent children recognized the mental hygiene problems involved in child care long before the Mental Hygiene movement was organized. Although not all of the orders published manuals of instruction for those who were to handle children, a definite code of principles and rules can be traced back through the years. Although some of the rules have been modified to meet changing needs, others still stand as examples of good mental hygiene practice. A few quotations from the manual published by one order will demonstrate this.*

The preface of the manual states "This book has not been undertaken to propose new practices, but to assure the observance of those which have been transmitted for more than sixty years in our congregation." The Congregation of the Good Shepherd has made a specialty of caring for neglected children and for delinquent girls and women. It does maintain some convent schools for non-dependent, normal children but its chief work has been the salvage of those

* Rules and Practices for the Religious of the Good Shepherd for the Direction of the Classes. Privately published; France, 1898.

who have been delinquent and the protection of those who might become delinquent because of poverty or neglect.

In discussing authority the manual states:

"One should never give an order when under the influence of any violent emotion." p. 85.

"We should scrupulously avoid the use of insulting, contemptuous or humiliating terms or reproaching a child with defects she cannot correct, such as want of intelligence or physical deformity." p. 87

"We must never attempt to enforce obedience by showing anger" p. 92.

Among the remarks on justice the following statements are to be found

"We have no right to impose on others habits and manners not commanded by virtue or good order, but only by an egotistical desire to find in others our own character and ways." p. 104

"Even in public we must not, under pretext of equality and justice, always use a uniform treatment. . . . We should take into account age, character, meritorious efforts, . . . etc. Without doubt, by acting always in the same manner and with absolute equality, abuses are avoided but certainly justice is not observed."

In a discussion of punishment the manual says.

"Physicians distinguish two kinds of remedies, curative which stop the progress of disease, preventive which hinder its approach. The latter are certainly preferable to the former. Punishment is only a curative remedy and often a powerless one. The great point is not to punish but to foresee faults and prevent them by surveillance. . . ." p. 110.

"If we be obliged to separate a child from her companions we should never shut her up alone; solitude is a bad counselor for a child who is not good."

In recent years the Catholic Church in America has stressed the need for recognition of individual differences in the selection of vocations and training for them. As early as 1905 in the records of the National Catholic Education Association there is indication that the problem of scientific vocational guidance was being studied.* In many Catholic high schools today a program of vocational guidance is well established. Lack of funds has prevented a broader development of such facilities in the Catholic high schools.

The Church has shown its approval of child guidance work by establishing clinics to care for its own children. The Catholic University clinic at Providence Hospital, Washington, D. C., was opened January 16, 1916 and the Catholic Charities Guidance Institute was established in New York City by the Archdiocese of New York in March 1922. Similar clinics have been established more recently in other parts of the country. The same consideration that moves the Church to maintain its own schools lies behind its desire to establish its own

* Proceedings; National Catholic Education Association, 1905

clinics for the care of Catholic children. In child guidance so many problems have moral or spiritual aspects that the Church considers it wiser for the specialists who deal with the children to have a common philosophical background.

Catholic Universities have provided facilities for training psychologists and social workers as specialists in the field of child guidance. Some training was available as early as 1916 but in recent years it has expanded rapidly.

Roman Catholics believe that mental health must be cherished equally with physical health. In so far as the mental hygiene program aims toward preserving mental health it meets the approval of the Catholic Church, although the Church does not sanction methods which conflict with the moral code. However, it can be seen that the objectives of adjustment to life situations and immediate satisfactions fall far short of the ideal the Church cherishes for its members. The philosophy of the Catholic Church demands a plan or ideal of life which aims toward obtaining eternal happiness. It maintains that man will find his greatest happiness in this life by trying to earn everlasting happiness through serving God and living righteously. Thus to the Catholic the preservation of mental health is but one aspect of a broader plan of life.

PHILOSOPHICAL BACKGROUND

In order to understand the attitudes of Roman Catholics toward child guidance and mental hygiene it is necessary to examine some of the background from which these attitudes derive. Of foremost importance is the fact that Catholics believe in God and in the divinity of Christ. They believe in a personal God, not as a man-made symbol, an outgrowth of primitive man's need for security, not as an impersonal energy of the universe or nature, but as the Supreme Being to whom they owe their very existence. They believe that they were created to know, love and serve God, and to be happy with Him forever in Heaven. They believe that there are sanctions of good and evil, both in this life and in the hereafter. Finally they believe not only in the omniscience, omnipotence, and justice of God but also in His love and mercy for His creatures. They believe that His grace, obtained through the Sacraments, will enable them to live better lives.

This is an incomplete and oversimplified statement of the Catholic creed but it includes the premises which have a direct bearing on the principles of Mental Hygiene. Mental hygiene aims toward enabling the individual to adjust to his life situations and to enjoy the pleasures of an enriched life. The Catholic religion considers that mortal life provides the opportunity for preparing for everlasting happiness and that happiness in this life is possible only when everlasting happiness is the goal which is sought. The inadequacy of a plan of life which aims toward nothing beyond immediate satisfactions is demonstrated by the discontent on all sides. The religious plan of life offers a stability and security which plans with lesser goals do not provide.

Dr. T. V. Moore* says of this, "And so the religious philosophy of life leads to fruitful production, to patient persistence in one's plan of life in spite of difficulties and discouragement. There have been thousands and thousands of individuals who have failed in life, not because they lacked ability or were unfortunate in finding opportunities, but because they had no 'Zielvorstellung', no purpose in life, no sense of value, no ideal of doing something worthwhile in the great scheme of things. They wavered for the very lack of an ideal and changed from one thing to another, following whims, seeking personal satisfactions, unwilling to endure with patient self-denial the hardships, disappointments and monotony that one must suffer to the end that a life's work may be finished and an unselfish contribution made to the welfare of humanity and to that eternal order which the Supreme Intelligence is establishing in a world of intelligent beings."

There are certain concepts inherent in the Catholic religion which have a direct influence on the attitude of the Church toward the teachings of mental hygiene. For instance the concepts of authority and personal responsibility as well as the important doctrine of free will all bear a direct relation to acceptance or rejection by the Church of certain theories and principles underlying mental hygiene. A brief discussion of these concepts will serve as an orientation for our presentation of the Catholic attitude toward mental hygiene and child guidance.

In all of its teachings the Catholic Church stresses the need for the acceptance of authority, the authority of God, of the Church in matters of faith and morals, of the state in civil matters, and of parents and responsible persons such as teachers within their own provinces. In recent years many workers in the social sciences have minimized the value of authority and, in fact, have labored to remove or reduce authoritative influences in the lives of children. However not even the most ardent worker against authority will refuse to admit that a person growing up in our culture will eventually confront some authority of group or state to which he must submit. For instance anyone who watches young children at play in the city streets observes that most of them have accepted the authority of traffic regulations. In certain districts, however, a motorist has real difficulty making his way through supposedly open streets because the children at play refuse to yield the right of way, or yield it grudgingly, shouting imprecations and threats. It is in such districts that authority is rejected and conflict with the law is frequent for old and young.

In Catholic culture God is the supreme authority. The Church acts as God's earthly delegate and interpreter. In this position the Church interprets the moral law which is a fixed, all-inclusive code based upon fundamental principles of right conduct rather than upon enactment or custom. In the home

* Moore, T. V., *Religious Values in Mental Hygiene*, Ecclesiastical Review, Vol LXXXIX, No. 1, July 1933, pp 28-39.

authority is delegated to the parents. Although obedience to parents is listed as one of the Ten Commandments which, more or less completely, define the limitations of acceptable behavior, the very young Catholic child is no more aware of this than his non-Catholic contemporaries. He accepts parental authority, as they do, through love for his parents and willingness to conform to certain standards in order to retain their affections.

As the child grows older he learns that disobedience is not only an offense against family mores but also that it is a violation of one of the precepts of his religion. This does not come to him as an isolated fact but as part of his awareness of his place in the general scheme. He may be bound to obey his parents but, they in turn are bound by certain rules. He must obey civil authority but it too is bound by the moral law and the civil code.

The frame of reference of authority serves as a source of security for many people who have grown beyond childhood. For some it may, it is true, lead to childlike dependence although this is neither the wish nor the objective of the Church. The same authority which demands explicit obedience to certain rules also demands that each person make the best use of his abilities. It demands *maturity of the mature, responsibility from the responsible and support, both financial and spiritual, from each according to his ability.* Dependence on God for spiritual comfort is encouraged but it has never been a teaching of the Church that prayer alone will accomplish certain ends without the earnest effort and endeavor toward those same ends on the part of the supplicant. The responsibility placed on man not only gives him additional security but contributes to his sense of his own dignity, the dignity of his origin, of his way of life, and of his destiny.

Responsibility and discipline have been seriously neglected in current philosophies. With disregard for the positive mental hygiene values inherent in both responsibility and discipline, the exponents of the newer freedoms have urged that children be freed from all restraint, even from that of self-discipline and personal responsibility. However, in spite of the influence of this extremist point of view, practical educators soon found that children, by themselves, do not work out a system of responses which would enable them to deal adequately and efficiently with the realities met outside the classroom.

None the less this point of view has had a wide effect. It served to make parents feel guilty if they thwarted any of the whims and impulses of their children. Yet, it also freed them from the responsibility of inculcating attitudes of responsibility and self-discipline through the force of their own example. Although the extremist point of view has been practically abandoned, it has left its mark on this generation, both on the children and on the parents.

Within the structure of the Catholic Church acceptance of such a theory was impossible because it is incompatible with the belief that man is responsible for his every thought and deed. To fit a man for such responsibility a certain armament is necessary. Self-discipline is one of the greatest practical tools at

his disposal and, like most basic habits, it can be acquired best from experience beginning in early childhood. The Catholic believes that spiritual armament can be obtained through grace and prayer. As Cooper¹ states: "The Catholic child derives from his religion four great aids to better living: a guiding ideal of life in his relations to God and man; convincing grounds for admitting this ideal as reasonable and right; impelling incentives and motives for accepting it as his own and striving for it; and God-given means and helps for living it."

In parents is lodged the responsibility for the early training of children in habits and attitudes which will enable them to accept their responsibilities. Ideas of right and wrong conduct are established early but there is little or no abstraction. At approximately school age children are beginning to understand right and wrong as concepts which stem from a higher authority than their parents. Investigation has shown² that until approximately adolescence standards and dictates are accepted because of their source—parents, teachers, Church and God. With adolescence comes questioning and then understanding of the principles which underlie the rules.

It is undoubtedly true that some Catholics do not make this transition and in their religious development remain children. One usually finds that immature religious thinking is but one aspect of general immaturity which is reflected emotionally, intellectually, politically and socially. Social investigation and psychological studies have shown that such immaturity is not peculiar to Catholics. One has but to survey the general standards of reading, radio entertainment, and moving pictures to realize that childlike thinking must be common to a large percentage of our adult population.

The Church is aware that immature religious thinking is inadequate. Every effort is made to prolong the period of religious education so that it will include and go beyond the years of adolescence in order to provide a better understanding of religious philosophy as well as its practical applications. In the teaching of adolescents wide use is made of discussion methods which will encourage them to seek the answers to their doubts and questions and to develop philosophical stability.

Basic to the discussion of responsibility is another belief of Catholics. They believe that a normal man is free to select his own course of action under any circumstances. Naturally, the strictures of habit, environment, education, and the force of public opinion have limited the field in which man exerts this freedom consciously. Yet, if he so chooses, he may flout public opinion and wear mismatched shoes rather than the matching pair which custom decrees. More seriously, he may decide to commit acts contrary to the law which he knows may lead to dire penalties. Laws exist but individuals are free to abide by them or to break them if they are willing to accept the consequences.

¹ Cooper, John M., *Children's Institutions*, Dolphin Press, Phila., 1931, 696 p. See p. 1.

² Nagle, Urban, *An Empirical Study of the Development of Religious Thinking in Boys from Twelve to Sixteen*, Catholic University of America, 1934, 126 p.

Many acts which are daily habits requiring little or no exercise of the will originated as acts which involved active decision. Anyone who has ever adopted a rigorous physical routine can probably recall the effort with which the habits were established, although relatively little effort is required to maintain them. By virtue of the fact that the habits were established through acts of the will, credit can be claimed for them. However it is similarly true that discredit must be acknowledged for undesirable habits which also originated as acts of free will. Regardless of philosophy this point of view is common to most people. One frequently encounters the paradox of the man who denies academically the existence of free will and yet boasts of his own will power.

In the eyes of the Catholic Church there is no equivocation on the question of freedom of the will. Man is regarded as free to decide upon his own course of action limited only by his personal responsibility for every act. Although people of other cultures may feel free to excuse themselves for various transgressions against the law because they say they have been forced into them by instinctual drives, powerful environmental stimuli, or by the cultural pattern itself, for the Catholic there is no such easy escape because he believes in his own responsibility.

The question of personal responsibility leads logically to the subject of guilt. By definition guilt means culpability or responsibility for an offense against the moral law. A feeling of guilt would therefore mean the emotion which accompanies intellectual recognition of responsibility for such an offense. The emotion could be remorse, fear or shame, or it could be hostility and defiance. Each offense undoubtedly has a somewhat different emotional tone for the individual offender.

In recent years there has been much discussion about another form of guilt feeling which is deeply rooted in the emotional life of the individual. In advocating the need for the prevention of such feeling and the relief of what is found, it is only natural that some confusion should arise, as to whether all guilt feeling should be prevented. In a culture which is dependent for its safety on the will of the people to respect laws, it would certainly seem inadvisable to advocate the elimination of all feeling in relation to infractions of the code. However one should distinguish between normal, immediate guilt and its pathological correlates.

Catholics recognize as normal that guilt which is the measure of responsibility for an offense. There is usually an emotional accompaniment to guilt which for many people would be predominantly remorse for having offended God. For others the dominant emotion would be fear of the consequences of sin and for others it would be some combination of the two. Such normal emotional reaction would precede confession through which the Catholic may obtain forgiveness for his offense.

Some essential facts about confession should be mentioned here. First it is regarded as a sacrament which, as other sacraments, provides the means for obtaining grace which will help the recipient to live a better life. In the second place the act itself is composed of several parts. It includes an examination of conscience which must be honest and thorough, as any grievous sins committed since the previous valid confession must be confessed. When guilt has been recognized through examination the sins must be confessed to the priest. Such confession must be accompanied by sincere contrition and an honest resolution to avoid future offenses. This resolution is understood as a firm and positive determination of purpose and not mere lip-service. Finally the penance set by the priest must be accepted. The Catholic accepts the fact that the priest has the power to grant absolution but may refuse it when he believes certain conditions for a valid confession have not been met. For instance the priest might refuse to grant absolution for an offense committed through association with bad companions until the offender has shown some evidence of resolving to avoid similar offenses by renouncing the harmful association.

A confession may be invalidated by failure to meet any of the required conditions. Gross carelessness in the examination of conscience, conscious withholding of confession of a grievous offense, insincere contrition or an insincere resolution to avoid similar offenses could invalidate a confession. Every child is well instructed as to the necessity of meeting the various conditions.

Through confession the Catholic obtains forgiveness for the offenses he has committed. This does not sanction the repetition of such offenses as he has had to resolve to try to refrain from them. However if in spite of his resolution he does repeat the offense he may again seek forgiveness. Through such a procedure much of the normal guilt feeling is released and the individual can be at peace with God and himself.

However there are many cases where an offender, in self protection, feels not only remorse but also such fear, and possibly hostility, that he cannot make a confession. If he has been taught to believe in the need for obtaining forgiveness, postponing confession could undoubtedly complicate his guilt feeling. Nothing can force a person against his own will to make a valid confession. He must wait until he is able to accept his responsibility. The fact that the Catholic believes that his God is merciful as well as just tends to give him confidence and security to relinquish his protective hostility or resistance.

Some writers have committed themselves to the theory that continued regular confession breeds dependence. This is probably because they do not understand that each confession requires the courage to evaluate all actions and face squarely the responsibility for them. A regular confessor may become an advisor whose counsel is cherished but as a confessor he remains impersonal as the representative of God.

In cases of deeply rooted emotional guilt, as for example, may be found in the psychoneurotic, where the source of guilt is masked, confession may be of little assistance. The individual who suffers from such guilt may not be capable of making an examination of conscience which would reveal his guilt to himself, because the guilt is so deeply hidden that he cannot bring it to consciousness and verbalize it to confess it. Often such a person may go to confession frequently and display overscrupulousness about matters which have no relation to his deeper problem. If he returns to the same confessor regularly it is probable that the confessor would recognize the pathological nature of his guilt and advise him to seek psychiatric help. However, recognition of such a problem in a single confession would be improbable unless it had reached exaggerated proportions.

Individual Catholics vary greatly in their attitude toward confession as toward all other aspects of their religion. For those who use it properly as part of a meaningful plan of life it has not only religious value but a positive mental hygiene value. From the religious point of view they obtain the grace for better living, and their mental health will profit from renewed peace of mind.

In this brief discussion of some of the underlying principles of the Catholic faith it has been shown that the Catholic Church shares many of the views of the Mental Hygiene movement but goes far beyond it in the scope of its aims. The Church has always believed that a plan which includes more than the selfish aim of immediate satisfaction and adjustment is necessary to lasting happiness. It can be seen even now in current literature that many of those who embraced the principles of Mental Hygiene enthusiastically have found that its program does not go far enough. People attain the ability to adjust themselves to their situations but still feel discontented and rudderless. They are perhaps not unhappy but they have failed to gain positive happiness because their goal is not high enough.

CHILD GUIDANCE WORK UNDER CATHOLIC AUSPICES

The practical aspects of child guidance work under Catholic auspices are very similar to those of the work under the direction of non-sectarian or other religious groups. The chief difference lies in the philosophical basis of the work which has already been discussed.

Within the Catholic group formal child guidance work has reached its highest development in association with the work of social agencies and schools. The children of wealthier parents are served through the facilities of private schools which they attend and through psychiatrists in private practice. It is impossible to gauge the extent to which psychiatric and child guidance services are accepted and used by this group—as it is for parallel non-Catholic groups. Much depends on the community attitudes toward child guidance work.

and the attitude of the Catholic group toward the community child guidance clinic.

It is unfortunately true that in many communities where there is no Catholic child guidance clinic the Catholic people refrain from using the facilities of the community clinic because experience has taught them that the clinic will not show adequate understanding or respect for the religious philosophy of Catholic children. Such episodes as well as the publicity given to the radical views of what is really a minority group in the work as a whole, has served to undermine the confidence of Catholic groups in many communities and cities. This is not the time or place to discuss the wisdom of the policy of community clinics which have offended against one of the groups which they were established to serve. It is to be hoped that growth and maturity in their work will enable them to accept and respect philosophies which differ from their own.

The Catholic Church still believes that the basis of all child guidance lies in adequate training in the home. In all written and oral teachings it emphasizes the responsibility of parents for inculcating satisfactory attitudes and habits in their children. It stresses the importance of the stable family group and encourages both religious and social activities which the family may share. Where possible the Church provides supervised recreational activities for young people. Catholic Boy Scout and Girl Scout troops are numerous. Many parishes provide athletic programs under the auspices of the Catholic Youth Organization. Study clubs for adolescent boys and girls, established through the Confraternity of Christian Doctrine, provide opportunity for social activities as well as the continuance of religious education.

CHILD GUIDANCE WORK IN CLINICS

The work of a Catholic child guidance clinic does not differ greatly in form from that of clinics under other auspices. The aims of the work are those of the usual child guidance clinic so well defined by Stevenson.* It differs from many other clinics in basic philosophy and in the fact that its workers and its clients share the same philosophy. For the most part its clients are drawn from the dependent groups. This unity of background has many positive values. The Catholic worker, psychiatrist, psychologist, or social worker, knows what a child client has been taught about religious and ethical principles. He knows the security a plan of life can offer and is also well aware of the insecurity which follows upon violation of religious principles. It is safe to say that in a Catholic clinic at no time is behavior which conflicts with religious principles either condoned or approved. It can also be stated that at no time is doubt cast upon a child's religious beliefs either by word or attitude.

The Catholic clinic undoubtedly gives more attention to spiritual distress occasioned either by anti-social behavior or by general maladjustment. Although

* Stevenson, George S., *Child Guidance Clinics, A Quarter Century of Development*, The Commonwealth Fund, 1934, p. 186.

religious reform is not an active aim of the clinic it does not ignore the fact that spiritual ills will affect adjustment in other areas.

Religion is not taught in the Catholic clinic. Where further religious instruction seems indicated to clear up confusion in the mind of a child about religious principles, arrangements are made with the proper teaching authorities—Sunday school, parochial school and home.

In dealing with the usual problems presented by children referred to a child guidance clinic diagnosis and treatment are carried on according to widely accepted mental hygiene methods. Efforts are made to give the children insight into their own problems, to enable them to face and accept their difficulties and to help them to work out a solution for them.

In accordance with their philosophy they are encouraged to accept responsibility for their actions but such responsibility is not forced upon a child who is not ready for it. The fact that both psychiatrist and client adhere to the same fixed moral code and respect the same religious principles often serves to facilitate this aspect of therapy. Although the psychiatrist may not bring up the question he knows that the child will eventually have to recognize his guilt if his behavior has conflicted with his code. The child himself will usually know whether he has offended against the code and will refer to his actions in terms of rightness and wrongness. Regardless of rightness or wrongness the therapist still seeks to know the causation of his behavior, the child's own attitudes toward it and his solution for his problem.

Precept and authority do not enter into treatment in a Catholic clinic any more than they do in a non-sectarian clinic. However, it is probable that the Catholic clinic assigns greater importance to the immediate control of symptomatic behavior which violates religious rules of conduct. Efforts are made at once through environmental means to avoid the occasion and opportunity for the resumption of behavior which brings new conflict to the child with each recurrence.

For the most part the work of the Catholic child guidance clinic follows the generally accepted pattern. Direct study and treatment of children who present problems is carried on in collaboration by psychiatrists, psychologists and psychiatric social workers. Physical examination is made and the child's physical and medical history is studied. Social history material, which helps in the understanding of the relationship between the child's earlier experience and his present difficulty, is analyzed. Psychological examination is made to ascertain the child's general level of intellectual development, to investigate his weaknesses, and to explore his assets. In psychiatric interviews efforts are made to establish a relationship with the child which will permit him to discuss his problems freely.

Following the examinations of the child a conference is held to interpret the findings and formulate a plan of treatment. Frequently treatment may be carried on in several areas simultaneously. If the child has an acute reading

difficulty which is affecting his total adjustment, plans are made to give remedial reading instruction. If the child's problem is chiefly emotional the treatment will be in the psychiatric field. Psychiatric treatment may follow the interview method or may make use of play techniques

Objective study of the child's behavior may reveal the need for collateral psychiatric work with one or both parents. In some cases the parents are referred to adult clinics for treatment but often such treatment as the parents are able to accept is carried on by the psychiatric social worker under the supervision of the psychiatrist.

Frequently in the course of study and treatment environmental modifications are found necessary. Occasionally a radical change such as a shift to a new home environment is arranged through a Catholic foster-home agency. More often the social worker arranges for the necessary changes in the child's own environment through contacts with his school, church or the recreational centers of his neighborhood.

Where possible recreational activities under Catholic auspices are arranged for the children. Mindful of the fact that the child will have need for a plan of life which embraces more than merely adjustment to life situations he is encouraged in all his religious associations.

The active use of religion in therapy is limited by many factors. There are many problems which of themselves do not involve religious conflict. Frequently the problem presented by a child may have no elements of religious conflict for that child because he has not developed the intellectual and emotional maturity necessary for insight into the religious aspects of his difficulty. Problems vary and the age of development of insight also varies. Often it is not until adolescence that such understanding appears. Moore says,* "Religion as a therapeutic aid in mental difficulties is applicable only to those who have sincere and honest religious convictions."

The collateral use of religion in therapy has many obvious values. A child who is insecure and unsure of his position can gain much in security when his knowledge of the love of God is reenforced. Children who believe in the efficacy of prayer can often use prayer as an aid to overcoming undesirable habits and behavior. Awareness of the unity of his religious group can become a focus of stability even for a child who has had many changes in his family and social circumstances.

CHILD GUIDANCE WORK OUTSIDE THE CLINICS

SOCIAL AGENCIES

Of course not all child guidance work under Catholic auspices is carried on in child guidance clinics. The Catholic social agencies and child caring homes have worked out programs in keeping with the best mental hygiene methods and their own religious philosophy

* Moore, T. V., op. cit.

In the family agencies much attention is given to parent-child relationships. When children are referred to a clinic for study it is often the family agency which carries on the necessary case work with the parents and siblings. Workers often encounter parents who do not recognize or understand the needs of their children. They are able to interpret the behavior of the children in a manner to facilitate the development of constructive parent-child relationships. They know the resources of the community and can offer both parents and children opportunity for bettering their social relationships and religious group associations.

Catholic social agencies which care for dependent children are much concerned with general problems of child guidance. In some cities they can refer their most difficult problems to a child guidance clinic but such assistance is not possible for all of the children under their care. To a great extent they must rely on their own workers to deal with many of the problems presented by dependent children and for this reason need workers who have had good professional training and experience.

The agencies select foster homes carefully, trying to choose parents who will be able to offer the children security, affection and understanding. The parents must be Catholics and their homes must meet definite physical and economic standards. Before placing a child his needs and assets are considered and an effort is made to place him in a home which will satisfy his needs and encourage the development of his assets. This is a difficult task but it marks only the beginning of the work of the agency.

During the years that the child remains in the care of the agency he is under continued supervision. Although the foster parents assume the duties of true parents in relation to their boarding children, yet, the ultimate responsibility for the physical, mental and spiritual well-being of the child remains with the social agency. The agency must be ready to meet problems which arise from changing relationships in the home as the child grows older. It must be sure that his education is suited to his ability and interests and that he is receiving training which will enable him to become independent. Not only his vocational training is important but also his general social training. He must form work habits and social attitudes which will enable him to make a good adjustment when he becomes self-supporting. Within the limits of adolescent mental and emotional maturity it is desirable for him to have worked out a plan of life and a goal toward which to work. Not many adolescents have attained maturity in their religious life at the time the agency is forced to give up care. The agency tries to discharge its responsibility for this important aspect of the child's welfare by being sure that his religious associations are so meaningful and satisfactory during the time he is under their care that he will be prepared to continue them. The agency makes use of all community resources in trying to build social habits and attitudes which will foster the development of good citizenship and healthful social adjustment.

Children's social agencies which arrange for permanent foster home care through legal adoption have revised their methods in accordance with what has been learned from mental hygiene and child guidance work. They examine more closely the motives which inspire people to seek children for adoption and try to eliminate homes which would not offer a child opportunity for healthful emotional and spiritual development. Study of each home and of possible candidates for placement has permitted adoptive placements which offer greater satisfaction and security to both parents and children.

CHILD-CARING HOMES

In the Catholic child caring homes much attention has been given to the mental hygiene of child training. Mental hygiene programs are of course not uniform and some of the children's institutions have made more rapid progress than others. A survey of the titles of papers presented in the yearly meetings of the National Conference of Catholic Charities shows a great increase in the number devoted to problems of child guidance in children's institutions.

A study* made in 1928 investigated standards of child care in 74 Catholic child caring homes. It was found that there were many differences in the methods of meeting the many problems of institutional child care. In presenting the findings of the study Dr. Cooper also offered a broad general program of child training based on the best methods found in use as well as methods proved by research. Since that time many of the institutions have revised their methods in certain aspects of child care to meet the high standards suggested in Dr. Cooper's book.

Space in this article does not permit a detailed discussion of the methods recommended. They agree closely with methods suggested by conservative authorities in the field of mental hygiene and child guidance. Any reader who would like to become familiar with a detailed program of mental hygiene methods suitable for use in Catholic children's institutions would benefit from reading Dr. Cooper's chapter on Mental Health.** In keeping with Catholic philosophy the importance of giving opportunity for the development of responsibility and self-discipline is given emphasis. Suggestions for meeting the problems of child care which are particularly difficult in institutions are adequately discussed. The problems of individualization, recognition, affection, security, independence and emotional maturity are recognized and suggestions for meeting them in the setting of group care are advanced.

Some of the child caring homes throughout the country enjoy the services of visiting child guidance clinics. Others depend on occasional psychiatric service and use public facilities for serious problems. For the benefit of both the children and the institutions it has been found advisable to make use of well trained social workers. Yearly meetings of the National Conference of

* Cooper, John M., op. cit.

** Cooper, John M., op. cit., pages 174-208.

Catholic Charities as well as institutes and publications permit the institutions to gain knowledge and exchange ideas for improving all aspects of their work.

EDUCATION

In discussing child guidance work done in schools it must be recognized that there are great differences in different school systems under Catholic auspices, just as there are in public school systems throughout the country. Much depends on the local superintendent of schools. Where the local superintendent and school board are interested in child guidance the school system will reflect this interest. In general however Catholic educational publications over the last twenty years reveal a pronounced increase in the interest in child guidance and in related educational problems. Teacher-child relationships have had much attention and the problem of individualization of school programs has been considered.

Adoption of formal child guidance work in Catholic schools has necessarily been limited. These schools are financed privately by people who are already bearing the burden of taxation for public educational facilities. Limited budgets place a heavy teaching schedule on every teacher so that few can be released for guidance or counseling activities. When child guidance clinic services are needed the schools must resort to the local clinics, Catholic, public school, community or state.

A survey of guidance activities in Catholic high schools throughout the country* revealed that 52% of the schools questioned gave some form of educational or vocational guidance although only 15.4% of the schools had guidance counselors. By tracing the increase in the number of published articles as well as on the basis of information gained in her survey the author found evidence of increased alertness on the part of Catholic educators to the necessity of vocational guidance.

In Catholic colleges and universities there has been an increase in the number of courses offered in psychology and mental hygiene. Facilities for advanced professional training in psychology and social work are available in many of the universities.

This presentation of practical work in child guidance under Catholic auspices has necessarily been very brief. It should however serve to indicate that the Catholic group is interested in all aspects of child guidance work. The gains made in methods of education and child care as a result of mental hygiene emphasis throughout the United States are reflected in modifications of method and practice in the work of the Catholic group. They have found that a proven and reliable mental hygiene, based on conservative psychiatric and psychological principles, is applicable to the practical work of child guidance without conflict with Catholic philosophy.

* Murray, Sister M. Teresa Gertrude, *Vocational Guidance in Catholic Secondary Schools*, Teachers College, Columbia University Contributions to Education, No. 754-1938, 163 p.

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CHRISTIAN NURTURE OF CHILDREN IN PROTESTANT CHURCHES

By

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ONLY a very hardy person would presume to speak for all the Protestant churches on any subject. The right of difference is cherished among them and within them. What is said in this chapter will not be a complete and official account of the Protestant point of view in religious education of children. Rather, it will represent an attempt to summarize some of the basic assumptions and practices which seem to be regarded as important by a majority of the Protestant churches, on the evidence of the curriculum they prepare for children, the training they offer church school teachers, the expressed opinions of local church ministers and teachers and parents which have come through conventions, institutes, and training schools, and the experience of those professional workers with children with whom there has been opportunity for consultation over a period of years through the cooperative organization of the Protestant churches in this field: The International Council of Religious Education.

POINT-OF-VIEW REGARDING THE CHILD

In the view of the Protestant churches, it is needful that the child himself be considered; and the present program is based upon the assumption that the personality of the child is important. This assumption rests upon the experience and thought of present-day workers with children. And it rests upon the authority of the life and teachings of Jesus who showed, not only in his direct contact with and reference to children, but throughout his ministry that persons, all persons, are significant in the thought of God, that they are the creatures and the children of God. The acceptance of this view requires that those who would guide children have regard for them as persons in their own right. The program of religious education of little children and boys and girls is concerned, therefore, with the present life of the persons for whom it is planned. It rejects the doctrine that childhood is to be used merely to prepare children for some future good, to live nobly when they are adults, or to understand some more profound truth later on, or to be ready for life after death. It insists that children have the opportunity to worship, to think,

to purpose and to live in their own right, on their own level of understanding and experience so that they may have a full, joyous, useful life in the here and now. Moreover, religious education insists that conditions which hinder health, emotional stability, opportunity to discover and to develop one's own special aptitudes and capacities must be changed so that every child may have an opportunity to realize his potentialities as a child of God.

This view cautions religious education against rigid indoctrination, the insistence that the child accept as true, statements of belief, solely upon the authority of someone else. Rather, it proposes that teachers and parents share their own religious faith and experience with their children and help the children to know how to experience for themselves their own faith, and how to express that faith. In similar manner, religious education doubts the wisdom of imposing a detailed code of conduct upon children with an authoritarian "this is right" label attached. There are some things which children must do and some things children must not do for their own physical safety and for the physical safety of others. Regarding such things children should be taught a definite "do" or "do not", and no questions asked. But such matters should not be confused by calling them "right" or "wrong."

Instead of imposing a code upon children, religious education suggests the desirability of having the mature members of the home and church share freely with the immature members, their own honest convictions on all questions of conduct arising which have ethical and moral significance, and at the same time that they help the younger members to think for themselves and to arrive at their own honest convictions. This does not mean that religious education holds the view that any faith or any conduct is right provided only the child thinks it so. Quite the contrary, as will be indicated later. But it does hold that the child must have a faith and a code to which he himself is personally committed before they can be determinative in his life.

This basic assumption of the importance of the child as a person, involves also a definite view of the essential nature of the child. It rejects the view that child nature is evil. It believes that the experience of the race does not suppose such a view. Moreover, the Christian believes that if child nature were wholly evil, Jesus would not have spoken of children as he did: "Let the little children come unto me and forbid them not"; "Except ye become as a little child, ye shall not enter the Kingdom"; "It were better that a millstone were hanged about his neck and he were drowned in the depth of the sea" than that one should cause one of these little ones to stumble.

Such statements may not be used by religious education to argue that Jesus thought children were "trailing clouds of glory" nor that he thought that they were sinless. Rather, what we know of Jesus' life and sayings indicate clearly that he *knew* human nature. He knew that human beings are inclined to be selfish, inconsiderate of the needs and interests of others, unkind. He knew that children, like their elders, are prone to do evil. But he knew, also,

that they are responsive to good, capable of achieving high devotion to noble ends, and of enduring suffering for the sake of others. And he knew that there is essential conflict between good and evil in human nature

It is the conviction of religious education, following the teaching of Jesus, that because of God's love and grace the evil tendencies in children may be overcome and the good tendencies may develop, so that "all sinful affections may die, and all things belonging to the Spirit may live and grow."

RESOURCES OF SPIRITUAL GROWTH

The view of the significance of the personality of the child and of the essential nature of the child has an important bearing upon the type of guidance which the Protestant churches consider desirable for their children. But this view is, in turn, influenced by other convictions, the most important of which is that the child, in arriving at his own conviction of the truth regarding the nature of the Universe, regarding his own duty, and regarding relationships with others is not without adequate resources of help.

Central in the Protestant faith is the belief that at the heart of the Universe is God, the creator and sustainer of all life. And Christian education affirms that the child has direct access to God, the source of truth. The child may approach God directly and God is aware of even the least of these and is seeking to make himself, his purposes and his love, known. This view of God's active concern for all his children, is one of the most widely accepted of all the assumptions underlying Protestant religious education.

In the Protestant tradition of Christian education there is also the basic assumption that the Bible is a source of help to the child in understanding both himself and his world, and in knowing how to live happily and usefully in accordance with God's will. The point of view is no longer held that merely to know the contents of the Bible insures a child against sin and failure. But there is definitely a sense of importance attached to the Bible far beyond that attached to any other literature, and it is regarded in a unique sense, as a revelation of God's purposes.

Of particular significance as a source of help is the record of the life and teachings of Jesus as given in the Gospels. But it is the conviction of most of the churches that Jesus is a source of help to children beyond that of the example afforded by stories of his life and the instructions provided through his sayings. It is their conviction that in Jesus God made known himself, and also that in Jesus, children can see the Father. It is their conviction also that in Jesus God showed men the way of life which God purposed for his children, the way of salvation from sin, and for useful living. There is little tendency to insist that in the life and teachings of Jesus there can be found today a complete answer to all the details of conduct in present day living, but there is general expectation among the churches that their children will,

from the Gospels, learn a way of life, and an attitude toward God and toward one's fellows which will enable them to make for themselves Christian decisions on the details of present day conduct and relationships. Children do not "learn" a way of life and then "apply" it. They learn it through living it, but through living it in the light which the life and teachings of Jesus throw upon it. In him they find "the way, the truth and the light." They learn that God's love is always with them, and that because of God's love they need never be afraid, but they also learn that God's love does not mean that they will never suffer, never struggle, never have to face situations which make men afraid. They learn that the way of unselfish love is the only way of life which can bring fulfillment to men; but they also learn that the way of love is likely to be unappreciated by a majority of one's fellows and may, in the end, lead to desertion by one's friends and public denunciation by the community. They learn the basic truth: "whosoever shall save his life shall lose it, but whosoever shall lose his life for my sake and the Gospel's, the same shall find it."

The church, as the fellowship of Christians, is another source of help for the growing child, through support and example and companionship in the Christian way of life and through opportunity for the corporate worship of God. The degree to which any local church achieves the status of a genuinely Christian society, organized and administered in accordance with the principle of love, teaching through its pervading spirit and total life and work, as well as through its children's classes, the meaning of such precepts as: "In honor preferring one another," "Ye that are strong ought to bear the infirmities of the weak, and not to please yourself," "Do unto others as ye would that men should do also unto you," "In nothing be anxious," "Let love be without dissimulation," "Forget not to show love unto strangers"—to that degree is that church fulfilling its mission as a resource of Christian living for children. And to the degree that the church provides opportunities for the corporate worship of God in ways which are inspiring and meaningful, comforting and encouraging, awe-inspiring and insight-giving—to that degree is that church fulfilling its mission as a resource of Christian faith for children.

In the family, as in the church, the child has a great potential resource. As the primary educational institution, the home has more influence upon the life of the child than all other institutions together. Only with tremendous difficulty can the church overcome the influence of a home which denies Christian faith and which teaches by the organization of its life, a way of living contrary to that supported by Christian ethic. But when a home is genuinely Christian, the child is continuously "confronted by the Gospel" in the most compelling fashion, and given continuous help in understanding it and in accepting it for himself. For this reason, the program of religious education of children is placing increasing emphasis upon family life, and giving increasing attention to plans and materials for use in the home.

OBJECTIVES IN CHRISTIAN EDUCATION

In order to support and encourage growth, and to give direction to its program religious education sets for itself certain goals or objectives in the lives of children. These goals are rooted in the experience of the race, and represent an attempt to interpret in rather specific terms for present day persons, the purposes of God for his children, so far as these purposes have been apprehended. As these goals have come out of experience, so they must go back into experience if they are to have value. They may not be imposed upon growing children as "the dead hand of the past," but, rather, children may be encouraged to consider them and to adopt—or reject—they for themselves.

There are those within the fellowship of workers with children who feel that children should be left without so much specific guidance, lest it prevent their rising beyond the experiences of previous generations. And, as has been pointed out in a previous session, the view of the importance of the personality of the child cautions against indoctrination in a rigid sense. But the more generally accepted view in the church is that some indoctrination, some bias in teaching is inevitable and desirable, and that children can adopt their own goals more wisely if they have help in considering, in terms of specific situations, the findings of past generations regarding right and wrong; truth and falsehood; the nature of God and the nature of man; the way of life that is good and the way of life that is evil.

Moreover, it is the view of most of the churches that some things *are* and that children should not be led to the false expectation that they can change them; such as the basic moral law of the Universe.

The general goals of Christian education, upon which the specific goals for each age group are based, have been summarized by the International Council of Religious Education as follows:¹

1. Christian education seeks to foster in growing persons a consciousness of God as a reality in human experience, and a sense of personal relationship to him.
2. Christian education seeks to develop in growing persons such an understanding and appreciation of the personality, life and teachings of Jesus as will lead to experience of him as Saviour and Lord, loyalty to him and his course, and will manifest itself in daily life and conduct.
3. Christian education seeks to foster in growing persons a progressive and continuous development of Christlike character.
4. Christian education seeks to develop in growing persons the ability and disposition to participate in and contribute constructively to the building of a

¹ *Christian Education Today*. International Council of Religious Education, 1940, p. 16

social order throughout the world, embodying the ideal of the Fatherhood of God and the brotherhood of man

5. Christian education seeks to develop in growing persons the ability and disposition to participate in the organized society of Christians—the Church

6. Christian education seeks to develop in growing persons an appreciation of the meaning and importance of the Christian family and the ability and disposition to participate in and contribute constructively to the life of this primary social group.

7. Christian education seeks to lead growing persons into a Christian interpretation of life and the universe; the ability to see in it God's purpose and plan, a life philosophy built upon this interpretation.

8. Christian education seeks to effect in growing persons the assimilation of the best religious experience of the race, preeminently that recorded in the Bible, as effective guidance to present experience

METHOD OF RELIGIOUS EDUCATION OF CHILDREN

The program of Christian education which is being promoted through the Protestant churches takes account of the recent studies in child life, and uses these findings in deciding what may reasonably be expected of children at various stages of development and in understanding the types of situations and relations in which children are most likely to feel happy and secure and the types of situations and relationships in which they are likely to meet problems and difficulties. At every stage in the child's development, religious education seeks to begin with the child where he is

It is committed to the graded principle, and is putting the principle into actual practice in most situations. That is, it recognizes that it is reasonable to expect that as a child increases in wisdom and in stature he may also increase in favor with God and men. Therefore, it does not expect that little children can apprehend all truth, nor that they can walk without stumbling in the way of righteousness. It does not expect them to be inspired by great anthems nor to respond to great sermons; to find help in memorizing long Bible passages, nor to take delight in great causes. Rather, it assumes that as little children both their limitations and their capacities must be recognized and that the program for their development will take both into account, in the experiences planned, the material used, and the environment and equipment provided. At the same time, it plans for growth. To expect too little in the way of spiritual development is as serious as to expect too much, and the program of religious education seeks to stimulate fresh aspirations as well as to satisfy present needs; to help the child to lift up his eyes unto the hills as well as to find light upon his present path.

In its use of the graded principle, religious education recognizes the value of fellowship among persons of similar interests and capacities and so it seeks to provide for children opportunities for working and playing and

worshipping and studying with others of their own age, apart from the larger church fellowship, and to make available adequate and suitable material for each age. At the same time, religious education recognizes the value of larger church fellowship and so encourages occasional opportunities for the little children and more frequent opportunities for the older boys and girls to share with the church family in experiences of worship and service.

In choosing its specific methods, religious education avails itself of the general studies which have been made in the field of how children learn. It recognizes the importance of first hand experience, and seeks to provide children opportunities for personal contact with situations and for personal relationships which will enable them to think and purpose and act intelligently. It seeks to let them investigate for themselves so far as this is possible, the source of information on subjects being considered, and to enlarge their experience through taking part in new enterprises. It proposes activities through which children can actually show love to others as well as talk about it, through which they can actually do their share of work in the community fellowship as well as consider the reasons for cooperation. It provides opportunity for participation in the life and work of the church as well as for considering the place of the church.

But it does not accept the extreme interpretation of data regarding learning through first-hand experience. It places large importance also upon the history of the race, upon tradition, upon vicarious experience, upon revelation. Probably the most important method of learning, in the practice of the Protestant churches, is fellowship: fellowship with persons who "know whom they have believed," and whose sense of reality with respect to spiritual things and whose standard of values, "not of this world," communicate themselves to the children with whom they live. Upon the experience of such persons children may venture out. Beginning with faith in someone else's faith, children often find their own faith. Beginning with their response to a code of conduct acted upon by their adult companions which does put the interests of others before one's own selfish concerns, children often find themselves building similar codes of conduct for themselves. The quality of the life of the adults in the home and church is considered in religious education a most important material of teaching.

In the educational value of religious literature reflecting the experience of the race, especially in the Bible, and in the sacraments and in the liturgies, religious education also places a large measure of confidence. While attaching value to these materials as means of enriching and supporting and interpreting experience, religious education is inclined to give them large use in the expectation that they will have large influence. In the Bible, the record of man's search for God and of God's revelation of himself to man will, it is believed, help present-day boys and girls to know more clearly the meaning of the love of God, to learn better how to relate themselves to God, to understand his

purpose, to recognize his sovereignty, to become obedient to his will. The sacraments and the liturgies, reflecting the struggles and the faith of men through the ages, will, it is believed, help present-day boys and girls to bear their own struggles and to achieve a faith of their own.

There are, in the Protestant churches, two major points-of-view (each with variations) regarding the use of the Bible with children. One is that there should be provided for children a plan for the thorough study of the content of the Bible which will enable them to become acquainted with its characters, its history, its literature, its great sayings and teachings. Those who hold this view usually recognize the use of the graded principle, selecting material for the various age groups with regard to the limitations and abilities of children. The methods used most widely are story-telling and memorization. There is large use of dramatization of Bible materials. For the older children there is frequent use of historical survey, biographical studies, map work, investigations in libraries and museums, notebook work.

The other view is that the Bible should be used as great religious resource, to be drawn upon for specific materials which throw direct light upon problems of present-day living as the children become conscious of need for help, and from which are selected great poems and prose passages which have high inspirational value. Both approaches seek to achieve the same end, the enrichment and guidance of present living. The one begins with the Bible record and teaches it systematically in the belief that its content will throw light upon present experience. Thus, there will be studies such as "How the Ancient Hebrews Lived and Learned"; "How the Church Began"; "The Life of Jesus."

The other approach begins with present experience of children, defines the crucial problems, and finds in the Bible the best material for use with each problem to help the children arrive at a Christian solution. Thus, in a unit on "Learning to Live Together Happily" there may be selections from the story of Abraham, from the teachings of Jesus, from the Psalms, from the life of Paul.

Few of the curriculum materials prepared by the Protestant denominations use one approach to the exclusion of the other. Almost all the Bible study courses contain present-day child-life experiences; and almost all the courses organized around the experiences of children contain units which set out frankly to teach the content of certain portions of the Bible; such as "Jesus, the Friend of All"; "Leaders of Israel"; "Paul the Courageous." But the emphasis in the two approaches is different, and the organization of the Bible material is different.

There is, just now, an increasing demand among the churches for larger use of Bible material in the program for children, and for more opportunity for a systematic study of its content. In the new courses being planned for children, attention is being given to this sense of need, without sacrificing

the values in the approach related more directly to the present relationships of children.

Religious education, too, places confidence in the direct apprehension of truth through revelation. It works in the faith that fresh insight may come as one seeks sincerely to know the will of God. It does not presume to prescribe the conditions under which God may make himself and his purposes known to children but at the same time it recognizes that there are certain conditions which make it more likely that persons will be able to be aware of God's revelations. And so it suggests to children ways of preparing themselves for sincere and serious worship, prayer, meditation. Though the religious guidance which is afforded children in this area varies widely among the churches, it seems to be generally agreed that at the heart of an adequate program of Christian nurture there must be the provision of help to children in understanding the language in which God speaks to them; and in knowing how to distinguish between the voice of God and the voice of selfish ambition, and how to recognize the difference between an experience of fellowship with God and mere emotional excitement. And there seems to be general agreement upon the importance of guiding children in *doing* the will of God to the full extent of their understanding of it, and of helping them to know that this is the essential condition of increasing understanding of God's purposes.

This basic assumption of the loving concern of God for his children, of his continuous revelation of himself, of the possibility of fellowship within, must constantly be clarified by the other basic assumption that God is also high and lifted up, whose ways are not our ways, whose judgments are true and righteous altogether. One of the difficulties most frequently met in religious education of children is that one or the other of these assumptions is emphasized without due regard to the other. Thus the loving care of God, the availability of his help may become to mean to the child that he will not get hurt, that he will not suffer, that all his wants will be supplied by a benevolent Father, that he can cast his burdens upon the Lord and escape from them altogether, that he can get rid of all consequences of his sins by merely asking forgiveness. On the other hand, the righteous judgment of God, his majesty, his power, his sovereignty, his exalted other-ness, may be stressed so that the child is overwhelmed, frightened, made to feel that his own life is of no significance in the vastness of cosmic purpose. It is the first of these which has, in recent years, been in most danger of over-emphasis. Especially, the attention given to the material evidences of God's love in provision for food, clothing, beauty has not, in all cases, been balanced by attention to the evidences of God's eternal purposes, his righteousness, the immutability of his moral law which man disregards to his own peril. Even before the present catastrophe came upon the world, there was a tendency to correct this situation, and this tendency is now growing. Care must be taken that this second emphasis in turn, is kept in balance.

ORGANIZATION FOR GUIDANCE IN CHRISTIAN EDUCATION

Religious education, then, begins with faith in the child as a person and faith in God's purpose and God's power to make available to the child the means of salvation from "sinful affections" and salvation for useful, joyous living in harmony with the will of God. In this faith it sets up goals and objectives, for its work in cooperating with the child and with God in the realization of this purpose. And it selects methods, procedures, and materials in harmony with its goals. But it requires also a plan of organization for channeling its suggestions and materials of guidance.

The Protestant churches, as has been stated, cherish their right to differ. But they also cherish the purpose and the practice of cooperation. In religious education, they cooperate through the International Council of Religious Education in the development of statements of objectives, program, curriculum and leadership education. These plans and materials are refined by the boards of religious education (or the corresponding body) of the denominations for their respective constituencies, published, and distributed to the local churches. Both cooperatively and denominationally there are held institutes, conventions, conferences, and training schools for the interpretation of objectives, methods, materials to representatives of the local churches. These meetings are set up and administered by the field staffs of the denominations and by the staffs of the state and city councils of religious education, serving all denominations in a small area. From such gatherings come suggestions of needed changes and requests for additional materials, thus keeping the resources made available by the denominations to the local church under constant review and reconstruction in the light of actual use with the children of the churches.

There is a vast amount of publication in the field of religious education of children. Complete graded guidance materials for nursery children, for kindergarten children, for primary children, and for junior children, pictures, maps, charts, and systems of records; story books and story papers, using materials with religious emphasis—such publications are regularly available for children themselves, or for parents to use with children. There is a parallel system of periodicals for teachers, offering suggestions regarding plans of grouping children, equipment needed, providing resource materials and bibliographies, and giving specific teaching plans. In addition, there are general periodicals on principles and methods in religious education, and each year are published a large number of books dealing both with general and with specific problems in the field of the religious nurture of children. There is a continuing effort by the denominational boards of education and by the interdenominational agencies to stimulate reading, study, and attendance upon conferences on the part of local church teachers and parents of children. An extensive program of leadership education has been developed, with plans for systematic study leading to certificates and diplomas¹; and short-term

¹ See *The Standard Leadership Curriculum*, International Council of Religious Education, Chicago

training schools are conducted both under denominational and interdenominational auspices in hundreds of communities each year, with an additional summer program of training at special summer schools of from one to four weeks' duration, usually held at some summer conference ground of college campus.

The end point of all this publication and organization and leadership training is, of course, the religious nurture of children, in homes, churches and communities. It is generally recognized that the family is the primary social institution and as such should take major responsibility for the religious nurture of children, and the religious educational organizations are directing their attention to strengthening the program of family religion. But in the United States the Sunday school has been the institution which has been popularly regarded as the major institution for the religious education of children. The program of the Sunday school in those churches which are seriously interested in religious education has undergone a large change during the past half century. From a mass gathering of persons of all ages, where singing, Bible reading, and prayer were supplemented by brief class sessions when the children were taught the catechism and Bible verses, the Sunday school has developed into a graded church school, with separate meeting places equipped for the use of the various age groups, and offering a complete program of worship, study, service, and fellowship within each group. In many churches the traditional one-hour Sunday school session has become an expanded session of two or three hours with greatly enriched opportunities for fellowship and study.

The Sunday school is no longer the only recognized organization of the church for religious education of children. Many churches have junior societies of various types which meet during the week on Sunday afternoon. The distinctive feature of these organizations is that they have pupil officers, but the activities are guided by an adult. The program usually includes some special study or discussion topic, and an emphasis on fellowship and activity. There are also in many churches special organizations or sessions among the children for missionary study and service. In a large number of situations these societies specially for missionary interests have been merged with the enlarged church school program, missionary study units included in the total curriculum, and missionary activities made a part of the total program. In some churches there are also organizations of children for special temperance study, but this interest is more generally included in the total program for each age group.

The vacation church school has grown very rapidly during the past quarter of a century, and now there are thousands of children each summer who spend from one to four weeks in a special summer program, with daily sessions of two or three hours, and a wide variety of activities included in the schedule. This is one of the most significant developments of recent years affording an opportunity for a greatly enriched program under conditions very favorable for learning. Often several churches in a given community cooperate

in a joint vacation school, thus giving the children a wider experience in Christian fellowship and community responsibility

More recently, children's summer camps under church auspices have been developed, and family camps in which children participate are increasing in number

There has also been developing through the years a sense of the need for a larger weekday emphasis upon religious nurture. Local churches have provided several types of through-the-week activity for their children, but the development which has attracted the largest amount of attention has been the weekday church school which meets during the public school day, and to which the pupil is released to go upon request of his parents. This plan provides for the children to go, by grades, to places selected by the churches at specific hours, for a special program of religious education. Usually there is one period per week provided for each grade being served. The administration of the weekday schools is under some one of several types of community, inter-church boards, and the teachers are sometimes fulltime, professionally trained workers, on a salary comparable to that of the public school teachers of the community, and sometimes they are volunteer workers or workers who receive a per-hour payment for a few hours' work each week. The program, curriculum, and effectiveness of these weekday sessions vary widely among different communities.

Other plans for increasing the weekday emphasis upon religious education have been advocated and are being tried out in some communities. Certainly, to attempt to plan an adequate program of religious education for children of this day while that program is limited to one day of the week is foolishness. But whether special weekday sessions in relation to the public school day, or after-school sessions, or the carrying on through the week by individuals or informal groups of activities and purposes considered on Sunday, or a strengthening of the program of home religion, or renewed emphasis upon the child's own plans for his own personal religious devotions and growth, or the relation of the child to community enterprises which carry forward services and enterprises supported by religious purposes—or a combination of permutation of these and similar proposals—offers the largest possibility of helping the child to a more vital and pervasive religious faith is still an open question. At present, they are all being used in some situations and the results are being studied for guidance in future planning of an adequate program of religious education of children

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PAMPHLETS FROM THE INTERNATIONAL COUNCIL
OF RELIGIOUS EDUCATION

- Guide for the Children's Division of the Local Church*
Christian Education Today
The Evangelism of Children

CHILD GUIDANCE IN THE JEWISH COMMUNITY

By

JOHN SLAWSON

CHILD guidance for Jewish children and adolescents is interwoven with the general social welfare services conducted under the auspices of Jewish social service organizations in the United States. The contributions toward this service are made by Jewish family welfare agencies through case work with Jewish families requiring counseling for themselves with regard to marital difficulties, services in relation to mental, social and physical health of the adults in the family, as well as with reference to the effects of family disorganization upon the children. There are also the Jewish child welfare services, most conspicuous of which is the foster home movement which has gained increasing momentum during the past two decades, so that at the present time it constitutes the principal foster care approach. The foster home is gradually superseding the institutional care of children, the latter being reserved for the treatment of particular types in need of care away from their homes with special consideration for the child manifesting problems of behavior. Certain Jewish community centers (Young Men's Hebrew Association, Young Women's Hebrew Association), as well as settlements serving Jewish clientele, have developed in recent years, social and personal guidance facilities for their own clientele. Also recently Jewish employment organizations have been organized rendering vocational guidance and employment services for both adolescents and adults.

With regard to child guidance as traditionally conceived, namely the combination of psychiatric, psychological, medical, and specialized case work services for children and adolescents with problems including delinquency, it should be pointed out that generally speaking the various case work agencies in the Jewish community attempt to make available in one form or another such treatment services. In most of the communities specialists in the family and children's agencies attempt treatment of children in need of therapeutic service and utilize psychiatrists either on the staff or in the community for consultation purposes. The clinical facilities available for the general community are, of course, liberally used. In several of the Jewish communities in

the country, Big Brother and Big Sister organizations render through the use of volunteers under supervision of professional case workers, a personal service for maladjusted children and youth. In some communities, such as Newark, New Jersey, there is a special agency known as "The Jewish Child Guidance Bureau". Of the specialized agencies engaged in dealing with the emotionally disturbed, the pre-delinquent and the delinquent, the Jewish Board of Guardians in New York City is the largest Jewish agency of its kind.

EXTENT OF THE PROBLEM

It is of significance to know to what extent the problems are present among Jewish people that are related to the needs of child guidance services as a preventive measure. Such needs would express themselves both currently and in the form of trends through the degree to which delinquency among children and youth, crime, and mental illness among adults are found among the Jewish population. We make available the figures for New York State and New York City since, for these localities, we possess the most accurate data and since approximately half of the Jewish population in the United States (4,500,000) is to be found in New York State. For the year 1941 we have the following figures:

Per cent Jewish children arraigned in the Children's Courts of New York City of total children arraigned	7.0
Per cent Jewish commitments to city and state reformatories for young males of total commitments (New York State)	3.3
Per cent Jewish commitments to state prisons, comprising 8 in number, of total commitments (New York State)	7.9
Per cent Jewish first admissions to state hospitals for the mentally ill (civil cases only) of total admissions (New York State)	13.5

These percentages should be compared with the Jewish population rate which is about 30 per cent for New York City and about 17 per cent for New York State. When this is done it will be seen that the proportions of Jewish delinquency, criminality, and mental illness are low, but that of the three groups the mentally ill represents the highest percentage, although even it is lower than the Jewish population rate in New York State.

TRENDS

It is of interest to examine these percentages for a period of years in order to determine whether trends exist, and in which direction. The figures below are given for the years 1930-1941 inclusive, for Children's Court arraignments in New York City,* for admissions to New York City and State reformatories,

*Includes only Boroughs of Bronx, Brooklyn and Manhattan.

for admissions to New York State prisons, and for admissions to New York State hospitals for the mentally ill

Year	Children's Court Delinquency % Jewish	Commitments to City & State Reformatories (Male) % Jewish	Commitments to State Prisons (Male) % Jewish	Inst for Mentally Ill—1st Admissions (Civil Only) % Jewish
1930	20.6	10.8	7.5	9.3
1931	17.7	8.4	7.5	11.2
1932	15.8	8.0	7.9	11.9
1933	15.4	5.9	8.9	12.1
1934	14.9	7.4	9.6	12.2
1935	13.2	6.4	9.2	12.4
1936	11.1	4.4	9.3	11.7
1937	9.8	5.3	8.5	11.9
1938	9.5	4.4	7.8	12.1
1939	8.1	2.5	7.2	12.6
1940	6.8	3.9	8.2	12.9
1941	7.0	3.3	7.9	13.5

It will be noted that there has been a gradual increase for the Jewish population in juvenile delinquency, as measured by Children's Court arraignments in New York City, from 20 per cent in 1930 to 7 per cent in 1941, of the total number of children arraigned in these courts. In the city and state reformatories for young males a reduction in commitments for this twelve year period from 10.8 per cent to 3.3 per cent; and for the state prisons in the same period the percentage is more or less static, 7.5 per cent for 1930 and 7.9 per cent in 1941.

In all of these instances it should be noted that the current percentages range from one-fifth to one-half of the Jewish population ratios. In other words, the Jewish delinquency and crime rate does not exceed one-half of its population rate.

With regard to mental illness, however, as judged by admissions to New York State hospitals for the mentally ill during this period, the 9.3 per cent figure twelve years ago has been increased to 13.5 per cent for Jewish admissions to these hospitals in 1941. While this represents a considerable increase in percentage, it is to be noted that the current percentage for the mentally ill for the Jewish people is still less than the population rate for the state—Jews, 17 per cent.

The generalization, therefore, that can be drawn from the examination of these figures is that currently the Jewish population is more apt to produce mentally ill than delinquents and criminals, but that in all of these groups they are represented less than in the general population.

SELECTIVE FACTORS

While the admission percentages to mental hospitals for Jews is lower than for the general population, a study made in 1936 points to a higher rate of admissions for psychoneurotic conditions to out-patient clinics in New York City for Jews than for non-Jews. Also among those admitted to state hospitals, the Jews approximate in rate the total population much more in the functional psychoses than in the psychoses more or less of organic origin. Within the Jewish group itself the largest percentage of psychoses is in this functional category. The conclusion that may be drawn from these findings is that the disorders that are related to environmental stress are relatively more prevalent among Jews than insanity of organic and toxic origin.

On the basis of the historical experience of the Jew, general observations of his personality reactions, the prevalence of such forms of psychoneuroses among Jews would be anticipated. Restrictions and discriminations to which the Jew has been subjected throughout the ages resulted in the under-development of the manual-motor side of his nature and the over-development of the cerebral processes—conditions conducive of various forms of neurasthenia and related illnesses. Introspective thinking and introvert behavior were other consequences of such restrictions. Feelings of inferiority and of inequality derived from unresolved feelings of difference incident to minority group factors resulted in compensatory behavior. To this should be added the vicissitudes of the immigrant group with its educational, social, and cultural dislocations, that contribute to mental maladjustment. The over-seriousness of purpose induced by handicapped competition through discrimination is another factor that contributes to emotional imbalance.

However, the compactness of Jewish life referred to as "familianism" while conducive to neurotic attachments and emotional maladjustments, would nevertheless contribute to the kind of family constellation that would reduce delinquency and crime among children, youth and adults. For we know that family disruption of an actual or psychological nature is the most important contributory cause to delinquency in youth and crime in adults.

With regard to delinquency, Robison points out that while the Jewish group has the least amount, next to the white Protestant group, of children's arraignments in the Children's Courts of New York City, the proportion of problem children, including delinquency, cared for by unofficial agencies, such as the Jewish Board of Guardians, is greatest among the Jewish group. The implication here is that the amount of preventive services that are rendered by the Jewish philanthropic community in New York City probably reduces the number of children that finally reach the stage of court arraignment.

HISTORICAL NOTE

The low proportion of court arraignments and admissions to state prisons brings to mind a historical episode which, according to a worker in the field

of delinquency, Ernest K. Coulter, was responsible for redoubled activity among the Jewish people in New York City in the field of delinquency prevention and child guidance. It seems that in the year 1908, when Police Commissioner Theodore A. Bingham issued a statement that appeared in the *North American Review* to the effect that while the Jewish people in New York City constituted one-fourth of the population, perhaps one-half of the criminals belonged to this group. He later on retracted this statement, although it was true that in one institution, The House of Refuge, about 30 years ago, about 58 per cent of the population was Jewish. Of course, the very large reduction and almost cessation of Jewish immigration to this country might have been responsible to a certain extent for the vast diminution of delinquency and criminality among Jews, since we know that the children of immigrants are responsible for more delinquency than either the immigrants themselves or the native born of native parentage. However, as noted by this observer, the social services that were instituted since that time no doubt contributed greatly to the startling reduction. As a matter of fact, the impetus to the formation of the forerunner of the Jewish Board of Guardians in New York City is attributed by a number to this episode. For almost concomitantly with the issuance of this statement the Jewish Protectors and Aid Society, now Hawthorne-Cedar Knolls School, a division of the Jewish Board of Guardians, was formed.

HISTORY OF JEWISH BOARD OF GUARDIANS

*(From Jewish Board of Guardians' Manual)**

In the beginning there was the need, felt by the Jewish community, for some agency to *serve* its delinquent group. The prevention and treatment of delinquency, the prevention and treatment of problems of mental health, are concepts which were to be recognized by the community only at a much later date. In 1893 the Jewish Prisoners Aid Society was founded as the first concrete contribution of the Jewish community's attempt to give service to its delinquent members. This organization's stated objectives were to help and encourage Jewish inmates of various state penal institutions through chaplaincy and other services, and to assist such of the families of these inmates as might be in need financially. Not until nine years later, in 1902, was the problem of the youthful delinquent faced by the community. In that year the Jewish Protectors and Aid Society, a separate organization, was established to provide a correctional school for boys brought into the Children's Court. Such services had been previously provided by other denominations. In 1906 the work of this group achieved tangible form with the opening of Hawthorne School for Boys under 16 committed by the Children's Court. As one of the first correctional schools built on the cottage plan, as distinct from the old-time congregate

* History in this Manual written by Morris H. Price

institution, Hawthorne was considered a model, since it permitted placing of boys in small carefully classified groups as contrasted with the customary grouping of inmates without regard to age, type or personality—a radical innovation at the time. This plan, when contrasted with the present elaborate program at Hawthorne of individual treatment for each boy, seems in retrospect merely a variation of simple custodial care.

A year later the two groups—the Prisoners Aid Society and the Jewish Protectory and Aid Society, recognizing their kinship, merged. But with the merger evolved the recognition of a need for after-care for the boys paroled from Hawthorne. In order to meet this need the Jewish Big Brothers came into being, at that time solely as an organization manned by volunteers to give service to Hawthorne parolees.

Several years earlier a report made by the Catholic Foundling Asylum made reference to the large number of unmarried Jewish girls who were abandoning their babies. The New York Section of the Council of Jewish Women, as a final result of the awareness of this problem, opened the Lakeview Home for Unmarried Mothers in 1905. Thus, for the first time, (even on a tentative basis) the Jewish community proceeded to organize service for the problem girl, Hawthorne being intended to serve only boys.

Stimulated by this initial awareness of the problem of the Jewish girl, the Council of Jewish Women continued its interest and broadened out in order to set up facilities for service to the group of Jewish female delinquents. In 1911 it sponsored a "Committee on Correctional Institution" for visiting girls committed to the various state correctional institutions and for supervising them on parole. In 1915 the Council expanded its service to the older group by forming a committee for penal institutions, and thus expanded a similar service as to visitation and parole to Jewish inmates of the penal institutions for women—in other words, for the older group of Jewish female delinquents. In 1908 a Probation Committee to assist Jewish girls arraigned in Night Court was organized. This committee functioned under the auspices of the Sisterhood of the Spanish and Portuguese Synagogue, the other committee under the New York Section of the Council of Jewish Women.

Similarly in 1911 the Jewish Big Sisters was organized in order to furnish for girls a service similar, as to care and after-care, to that being performed for boys by the Jewish Protectory and Aid Society with its adjunct of the Jewish Big Brothers. Under its auspices Cedar Knolls School opened at Bronxville in 1914 and in 1917 was removed to a new building on the property at Hawthorne.

But meanwhile, for the first time the concept of prevention entered the scene. In retrospect we can see that all services so far devised had been planned for individuals whose delinquency had resulted in commitment to a penal or correctional institution. Noteworthy is the absence, prior to 1911, of concrete recognition of the possible need for service to those children whose difficulties might bring them into court but have not yet been deemed sufficiently

serious to result in commitment; in other words, there had been no service to children on probation with the hope of preventing ultimate commitment. One of the first contributions of the Jewish Big Sisters was to arrange for a volunteer probation officer in the Children's Court for Jewish children brought in, work was planned on an individual basis, the idea being that "friendship based on understanding forms the foundation for vital help and that sympathy through such understanding in most instances, proved to be the strongest controlling force bringing forth the readiest response"—a concept which basically underlies case work a quarter of a century later.

In 1913, the Big Sisters engaged a paid executive secretary to supervise its staff of 70 volunteers who, by this time, were engaged increasingly in preventing initial delinquency as well as its recurrence among parolees. In 1916, the Big Brothers provided for several paid workers. In 1918, the agency provided for a coordination between the pre-institutional work of the Big Brothers, Hawthorne School and its after-care department. This was done by amalgamating into a department of prevention and after-care, the case work of the Big Brothers and the after-care department. This organization was to be staffed by a paid supervisor, supplemented by as many volunteers as possible—10 workers for 10 districts.

From this point on, the increasing variety of the Jewish community's attempt to deal with the problem of delinquency began to simplify its original structural complexity; recognizing common goals and essentially unified aims, the community seems to have become concerned about the possibility of useless duplication of effort and of waste within the prevailing looseness and overlapping of various committees functioning in the field. In 1919 the organizations dealing with problem girls united to join the Central Committee for Friendly Aid to Jewish Girls, two years later a merger among the parallel organization for Jewish boys, the Jewish Protectory and Aid Society resulted in the promotion of a new organization, combining the various committees. These two units then merged in 1921 and took the present name of Jewish Board of Guardians.

To sum up, from 1893 to 1921 we see the process of interested volunteers in the community becoming aware of the problems of delinquency, first attempting to cope with its correction and only gradually, out of their groping efforts, could they arrive at the necessity for striking at the roots of delinquency and so come to the idea of prevention. Out of the ferment of the committee came the idea of prevention which paralleled the groping of case work as a profession, committees provided the idea and the professional group, (just beginning to come into its inheritance with the influx of deepening understanding of human behavior and its motivations promoted by the alliance with psychiatry) could now begin to provide the means. In 1921 the emphasis had become more directed toward the attainment of the ideal which the committees had envisaged and which they now began to see required the utilization of professionally trained workers. And the new ferment to evolve techniques which

would carry the original idea to successful fruition began to seethe—which still continues in case work's continual quest for growth.

It was around this time—1921—that social work in general began to shift its foundations from sociology to psychiatry. Inevitably delinquency began to be viewed no longer as only a complex sociological phenomena but increasingly as one of the manifold ways in which human beings manifest inner difficulties. Once this newer concept began to germinate, when coupled with the emphasis on prevention, there inevitably followed an enlargement of the concept of types of behavior as but one manifestation of what might loosely be termed "mental ill health" and thus to recognize that the child who is a problem to the community and the child who is a problem to himself are really to each other as a hollow is to a swelling, a difference which really masks identity, inner difficulties. Thus briefly the scope of modern child guidance which focuses on the inner motivation rather than selecting for service according to sociological manifestation—outward behavior—came to be recognized within the new organization and the service known as the Child Guidance Department took its definite part in the new organization.

The evolution of this new service was marked by increasing emphasis on the use of professionally-trained workers and by emphasis on the supervision of both workers and volunteers. Application of the concepts resulted in additional staff members of a new type, psychiatrists and psychologists in treatment and consultative capacities. It was not until 1922 that the mental hygiene aspects of the agency were brought to the fore by the establishment of a mental hygiene clinic. At that point, this really consisted only of a paid psychologist on half time. For psychiatric examination, the patients were taken to Mt. Sinai Mental Hygiene Clinic. However, in 1923, the agency had arranged for fifty hours per month of psychiatric service. At this time, arrangements were made for the establishment in its own offices of clinics for medical, psychiatric, neurological, psychological and endocrinological examination. It was not until 1928, however, that there is any mention made of the hiring of a full-time psychiatrist. This time it was arranged that the client was not interviewed by the psychiatrist until the case had been worked up by a social worker. This represented again another step, as in the report of 1925 we see that the prevalent three-fold approach of the child guidance clinic was being applied. All new cases were routinely given this three-fold examination—medical, psychiatric, psychological, in addition to the gathering of the social history to be made available for the physicians and psychologists.

The Board's awareness and growing perception of the child guidance emphasis was further demonstrated by the establishment in 1925 of two guidance bureaus in the public schools. These were demonstration projects, paid for by the agency in order to demonstrate to the school system the usefulness of a guidance bureau located in the schools, available for them with respect to their school problems. These two units were established at Seward Park on the

lower east side and at Hunts Point in the Bronx. At the same time, with the sharpening of child guidance emphasis, there seemed to be a clarification of function and consequently the family work carried on by our workers in the Court of Domestic Relations was properly transferred to the family agency, at that time, the United Hebrew Charities.

This whole trend culminated in 1926 at the Jewish Board of Guardians, with the formation of the Child Guidance Department. As a further adjunct to carrying out the newer treatment goal, further services were added, an employment service, free children's camp, a recreational department. At the same time, regular representatives were being assigned to each of the Children's Courts in the boroughs with a large percentage of Jewish population, as a further attempt towards prevention of delinquency. The succeeding years, with increase of facilities of public agencies, some services were curtailed. The Child Guidance Bureau in the Seward Park High School and Hunts Point, were abandoned as the Board of Education, stimulated by this demonstration project, set up its own Bureau of Child Guidance. This meant that privately-financed school projects were no longer necessary. Parole services for Jewish parolees of penal institutions were transferred to the newly-created Parole Committee in 1931, one worker being retained by the Jewish Board of Guardians to give service to the group and to continue this with the Jewish inmates of penal institutions; parole work for Jewish women was gradually assumed by the State Parole Board.

Change in needs resulted in changes in other services—the recreational department was discontinued, the employment service transferred to the Federation Employment Service in 1934, and the Big Brother and Big Sister departments merged into one volunteer department in 1936.

To go back again, our approach at Hawthorne began to show the effect of our newer emphasis. In 1927, a special cottage was established at Hawthorne for the study of boys who needed a psychotherapeutic approach. At that time, a worker was assigned to work up a history on each boy admitted to Hawthorne. By 1928, this service was further extended to the point where weekly visits by a psychiatrist were established for Hawthorne. The report indicates that previously the visits had been made on a fortnightly basis. The perception of the fundamental unity of all the problems with which the Jewish Board of Guardians was dealing was further demonstrated by the merger in 1929 of the preventive and after-care cases in each worker's load. Previously, there had been a separate worker for each department, but by this time, there was abandonment of that plan. Since workers essentially were dealing with the same problem, a problem in mental hygiene, workers with the same basic skill could carry cases of various types. At the same time, by 1931, a cut in the budget necessitated discontinuation of the medical clinic. Undoubtedly, willingness to abandon this was somewhat influenced by the fact that the agency was beginning, even at that point, to abandon the traditional routine child guidance ap-

proach. Now the medical examination could be arranged on a less routine and more individual basis, as particular children seemed to require this service.

The need for service in terms of demand in the various boroughs of the city was met by an amalgamation in 1933 of the Brooklyn Jewish Social Service Bureau with the Jewish Board of Guardians, (the Brooklyn agency became known as the Brooklyn Borough Office of the Jewish Board of Guardians), in 1936, by the establishment of the Bronx Borough Office, and in 1939 by the addition of Williamsburg to the area covered by the Manhattan Office. An adult department was organized in order to give similar case work service to the older group in the community as well as the children; for reasons of financial support, this project was abandoned. Starting in 1936, the Hawthorne treatment program was expanded by the addition of clinical facilities—a full-time psychiatrist, case workers and a case work supervisor. In 1939, the educational facilities at Hawthorne School, formerly an extension of the New York City Public School System, were taken over by the Hawthorne School itself in the Union Free School District toward the budget of which the State contributes. This gave the institution the opportunity to integrate the school system into the total program of the institution.

In 1934, an entirely new service, new in method and in goal was added—the Group Therapy Department, which has gradually increased in scope. For the first time an attempt was made, according to this plan, both to supplement and to substitute for individual treatment a form of treatment within a group setting.

THE JEWISH BOARD OF GUARDIANS AS AN EXPRESSION OF AN EVOLVING CHILD GUIDANCE MOVEMENT

Speaking broadly and referring particularly to what now constitutes the child guidance program in the agency, four main stages in development are discernible in the last twenty years. We believe that these stages probably also reflect in a measure a general trend in the treatment of behavior problems. Some phases of these changes are attributable to the influence of contemporary treatment philosophies, while others are reflections of an attempt to cope with difficult problems of behavior, especially those in the area of overt delinquency which have baffled and still baffle some of the best-equipped clinics and highly skilled psychiatrists and other practitioners. An effort is now being made to evaluate in retrospect the results obtained during these various stages.

The first stage can be passed over briefly. It is the stage of the volunteer who alone, unassociated with any professional guidance, attempted to effect changes in conduct by means of advice, friendliness, sympathy, material services, such as employment opportunities, and, in general, the Big Brother and Big Sister help. It should be stated here that at the present time the organization continues to utilize such volunteer service in conjunction with the professional program and under the guidance of professional workers in specialized areas

and with selected clientele The volunteer work of former years was based on the hope that sympathy and friendliness alone would produce beneficial results with maladjusted youth without regard to diagnostic implications.

The problem was found to be too time-consuming and vast; the paid worker came into the agency with equipment ranging from general collegiate education to completion of some form of social work curriculum. The second stage was thus ushered in, in which the psychiatrist played the dominant role History-taking on the part of the case worker became a major concern, and most of his time was consumed with the gathering of facts in relation to early life and current experiences The case worker was instructed by the psychiatrist to engage in certain manipulatory services in the interest of the client on the basis of a categorical diagnosis that the psychiatrist made, aided by the psychologist's report and the physician's examination Depending on the emphasis that the psychiatrist placed upon the various factors in personality, the organic, neurological, endocrinological, or psychopathological phases were stressed in varying proportions In this period also the psychiatrist tended to treat the child to the extent that time for treatment was available, and the case worker attempted to "educate" the parents. The responsibility for psychiatric diagnosis and the plan of treatment rested primarily with the psychiatrist

The third phase saw a swing away from the psychiatrist to the interview technique, in which the worker assumed sole responsibility for the treatment program in a given case with very little, if any, diagnostic basis for the procedures employed, with scant initial facts with the exception of those that evolved from the interview In this stage there was almost a complete reliance on the effect of release on the part of the patient, be he delinquent, neurotic, or psychopathic A psychiatrist was used for specialized treatment situations, not clearly defined The case worker employed the free-association technique, largely borrowed from psychoanalysis but not often so admitted, and there was a minimum concern with external realities, the emphasis being placed on the release of emotional blockings This stage is probably attributable to a dissatisfaction with the benefits obtained through categorical diagnosis of psychiatrists and the manipulatory methods by the case worker The wide gap that existed between the diagnosis, on the one hand, and the attempts to do something about the problem, on the other, created a division between diagnosis and treatment that made for an artificial and ineffectual attack on the problem, resulting in a very unsatisfying experience on the part of the case worker At this time also the influence of the psychoanalytic technique began to be felt to a marked degree in case work, and the emphasis on pure relationship divorced from other components of the analytic process became a dominant orientation The swing was to the other extreme, away from the psychiatrist, away from facts, and even away from external realities, away from diagnosis, both categorical and dynamic, away from really seeing the total person, but overwhelmed by techniques in interviewing

This period, of course, had its destructive effects, but with it came an enriched psychological thinking about mechanisms of behavior disorders, and it was the forerunner of the fourth stage in which the agency now finds itself and toward which other organizations dealing with similar problems are tending. Here we find a reintroduction of diagnosis as a basic phase in treatment, but diagnosis inherent in the treatment process, the kind that is related to the manner in which a behavior disorder is to be treated. The psychiatrist's influence is felt, not necessarily in the planning of treatment, but in the teaching of workers and sharing with them his knowledge and understanding with an effort in the direction of making it possible for the worker to assume a more independent responsibility for psychiatric thinking and procedure. This shared experience on the part of the child guidance psychiatrist and case worker is resulting in a diversification of treatment methods, a recognition of types requiring other forms than analytic case work, other forms of psychotherapy, the use of authority, the greater concern with external realities.

The existence of a school for delinquent boys and girls in conjunction with the agency's child guidance activities has widened the staff's opportunity to observe the delinquent in the living situation and has necessitated a concern with delinquent patterns to an extent far beyond that which would have occurred had the staff been operating in a child guidance clinic divorced from any institutional set-up. The post-institutional after-care program tends to inject realistic concepts into the child guidance treatment procedure. The institution, on the other hand, was influenced by the treatment orientation in the child guidance service, gradually abandoning the concept of the reform school, inaugurating a clinical program with psychiatrists and psychiatric case workers with small case loads, introducing a creative form of group-activity program, and, in general, becoming concerned with the treatment of the underlying factor in the behavior difficulties instead of merely curbing their symptoms. Administration became more complicated, but the procedures at the institution began to harmonize with those of the child guidance activities in the city clinic offices. This introduced a new way of life into the institution not dependent solely on the existence of an intensified psychiatric clinic, but as an expression of a mental hygiene attitude on the part of the personnel, cottage parents and others and, through permeation of case work thinking, into all the experiences constituting the living situation for the boys and girls in the institution. The need for a continuous treatment program with the boy or girl after admission to the institution, during his institutional stay with his own family in the city, and with him after his discharge became apparent to both the institution case worker and the child guidance worker in the city office.

Aside from intra-agency forces, certain tendencies in the community in the very recent past have made the agency more conscious of the need for the development of skills and for the greater utilization of diagnostic facilities. The greater amount of case work service in the general community, both public

and private, has served as a selective force in directing the children and adolescents with problems of behavior to the organization. These increased case work services in the private agency, *resulting from the release in a considerable measure from the responsibility for the administration of relief assumed by the public agency*, have become available for the treatment of minor behavior problems and for other needs formerly left unmet. The newly created resources in the city school system have made it possible for problems bearing on the school situation, as such, to be cared for by the school personnel to a greater extent than formerly. The net result is that the agency specializing in the treatment of problem behavior and delinquency receives the more serious problems, and hence its greater responsibility for making available skills in diagnostic and treatment procedures.

The Children's Court in New York City has organized an Adjustment Bureau and instituted other measures of referral. Its referrals for treatment purposes, as a result, are of a more selected type than formerly, and the former traditional classifications of dependent, neglected, and delinquent are tending to disappear. When the psychological searchlight is cast upon them, we find that the proportion of children considered dependent, who are placed away from their own homes, has greatly diminished in New York City, and of those called dependent, a large portion are really in need of treatment for psychological and social reasons. Such an analysis also reveals that the distinction between neglect and delinquency is frequently artificial, and that these children need the kind of care of an individual and social nature that will help rid them of the difficulties that they have developed as a result of faulty experience.

The increasing number of serious behavior disorders which we are called upon to treat and the greater demand on the part of the community for special care and specialized skills have made necessary the abandonment of the false theories harbored with reference to the possibilities of uniform treatment of delinquency and other forms of behavior maladjustment. The substitution for these vague hopes of not only more diversified and positive treatment procedures but also measures external to the individual has followed.

One such development is that in relation to the use of the group situation to supplement the individual treatment for either the over-aggressive or the too timid child or adolescent who requires a sheltered group experience during the time that the individual treatment is going on. This group therapy, as it is being called, is designed to create security in the child by making available the affection of an adult, through the building of self-worth by means of recognition obtained from colleagues in the group and leader, and through the encouragement of an interest in some creative activity. These groups are small—about eight or ten children in each—distributed in the neighborhoods where the children reside. The group treatment parallels the individual treatment which is contrary to the point of view that mere removal of emotional blockings will necessarily make it possible for the youngster to partake in a group

experience. At the present time, both the individual and the group experience, for those who need both, dovetail each other and thereby reinforce the therapeutic objective.

The use of the camp, at which a psychiatric case worker is placed, as part of the treatment program is another resource in the agency employed as a result of the diversification of treatment procedures.

THE SERVICE TODAY

At present the agency may be described as a social service agency concerned with the children and adolescents who manifest problems of behavior while in his own home. They are referred by parents, relatives, schools and children's courts, sometimes the adolescent and wayward minor courts, and other social agencies. About half of the children and adolescents come to the agency directly and about half from the organized official and unofficial agencies.

The overt complaints are the usual ones: incorrigibility, stealing, lying, difficulties in school, difficulties in home adjustment, difficulties in group adjustment outside the home, etc. The agency maintains a child guidance department among other services, composed of psychiatrists, psychiatric case workers, and psychologists. The treatment is administered by the psychiatric case workers who receive in-service training in therapeutic procedures. The psychiatrists are utilized primarily for teaching, diagnostic conference on each case, and consultations throughout the treatment program of a given client. In certain instances, the parent-child relationship is treated and in a portion of the cases there is a division, the mother is treated by one worker and the child by another. This is done when indicated. Medical facilities are available but no routine physicals are done, psychological facilities are available but no routine psychologicals are done. Because of the volume of work and the desire to maintain the kind of standards which would make intensive treatment possible, the average case load is between 29 and 30, routine procedures are eliminated unless indicated with the exception of the initial diagnostic conference between the psychiatrist, case worker, and his or her supervisor.

The intake decision for acceptance is made on the basis of criteria that have been established, and referrals to other agencies, including family agencies and other social service agencies, are made liberally. The treatment may be characterized as follows: it is diagnostically oriented, it is conducted by psychiatric case workers carefully selected with certain criteria in mind with regard to personality and training, clinical knowledge is shared jointly between psychiatrists and case workers, the diagnostic orientation is accomplished by an all-year round in-service training emphasizing the skillful use of the relationship. Intake and referral procedures to other agencies are carefully scrutinized.

Children and adolescents, who because of either overt aggressiveness or extreme withdrawal require protected group experiences, are given the opportunity for group participation in small units in informal surroundings under

the guidance of carefully selected counselors in addition to the case work treatment. When the children are ready to participate in the organized recreational facilities in the community, they are transferred. A Big Brother and Big Sister department, composed of volunteers under the supervision of professional workers, makes available selected and trained volunteers to supplement the work of the case workers when the service of a friendly and sympathetic adult is required. The cases that are assigned to the volunteers fall into two general categories.

1. *Where the contact with the volunteer is a type of treatment in itself*

- (a) These consist of children with problems referred from intake or after a short period of observation. The case worker who supervises the volunteer may have only a rare contact with the child after this, though he may continue to work with the parents or school.
- (b) After a case worker has maintained with a child or adolescent an intensive contact over a long period, he may plan for a friendship with a volunteer as part of the "tapering off process." Here again the agency's contact with the child will be through the volunteer, while the case worker may make collateral contacts.

2. *Where the contact with the volunteer is a supplemental tool of treatment.*

This is similar to the use of a recreational resource, except that it is characterized by the personal relationship. These cases may be carried on an intensive basis by a case worker or psychiatrist who feels that it will help the treatment if the child has a friendship with an adult person concurrently with the treatment. In fact, this friendship may precipitate considerable material of value in the treatment itself.

Children and adolescents who require the facilities of a therapeutically oriented institution are sent from the child guidance department and from the children's court, where a representative of the agency is stationed, to the Hawthorne-Cedar Knolls School, a country school—the program of which is characterized by an intensive clinical set-up, a special form of educational program, and an emphasis on the quality of the cottage personnel and the nature of the group life in the institutional community. The case work service at the institution is continued in the after-care service which is part of the child guidance department, after the child leaves the institution, mostly by the case workers in this department and where it is found advisable by the case workers at the institution. During the stay of the child at the institution, his case worker is in contact with the family.

A residence club for boys is available under the auspices of another organization, but by special arrangement our agency's case worker is stationed at the residence club in the city and continues the necessary guidance and treatment for the youth who has left the institution. At this residence club there is a varied group work program which is integrated with the case work service. For girls, arrangements have recently been made with a girls' residence club. Three summer camps are at the disposal of the agency. An adult prison welfare program of a supplementary nature is maintained.

Frequently the need for foster home service during a certain stage in treatment is indicated. At present special arrangements are being discussed to make the use of these foster homes, which are under the auspices of another agency, more readily available as part of a continuing treatment plan evolved for a given child or adolescent. Here arises the problem of integrating psychotherapy with the foster home service and the latter with post-institutional after-care needs.

MOTIVATIONS FOR A SPECIAL SERVICE FOR JEWISH CHILDREN

While children's problems are not sectarian, the need by religious, cultural, or racial groups to make available child guidance services is derived from a number of considerations. There is the natural concern of the group for those of its members who are in difficulty. The Jewish group has always manifested a keen social consciousness with regard to the prevention of criminality and mental illness among its own people. It has the desire to maintain and enhance its status by eliminating from or reducing in its midst social and personal maladjustments. It has for generations been desirous of making available demonstrations of procedure that might be utilized by others and become the practice of the entire field. Also there is the consideration of the cultural factors and their influence upon personality in relation to social adjustment that perhaps are most effectively dealt with by practitioners and technicians who understand, through experience or knowledge or both, the cultural setting of the patient or client with its bearing upon the presenting symptoms. There is also the factor of facilitation of the formation of a relationship between therapist and client, all other things being equal, if both are members of the same religious, cultural or racial group. And finally, we need to take into consideration the intensification of problems by virtue of being a member of a minority group and the wisdom of making available an effective program for the alleviation of these difficulties which frequently may best be achieved by the minority group itself.

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THEORY AND PRACTICE OF CHILD GUIDANCE AMONG FRIENDS

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UNDERLYING PHILOSOPHY OF FRIENDS

ALL organized activity of the Society of Friends, commonly called Quakers, stems from two religious ideas which are central in Quaker thinking. The first of these is the belief that God can be inwardly experienced.

Quakerism began in England in 1647 with tremendous enthusiasm over an experience which Friends declared could be shared by all men. George Fox, the founder of the Society of Friends, had found no religious satisfaction in the Established Church of his day, and after a period of inward distress and confusion, found that God spoke directly to his soul. This experience George Fox wrote in his Journal in words which have become classic among Friends, "And when all my hopes in them and in all men were gone, so that I had nothing outwardly to help me, nor could tell what to do; then, Oh! then I heard a voice which said, 'There is one, even Christ Jesus, that can speak to thy condition.' When I heard it, my heart did leap for joy." The religious leaders with whom George Fox came in contact declared that God had spoken in past times to the prophets and apostles as recorded in the Scriptures, but that such first hand experience was not possible in their own day. George Fox had an experience similar to that of St. Paul on the road to Damascus, when the Apostle to the Gentiles saw a great light and heard a voice from heaven, or that of the prophet Isaiah when in the temple of Jerusalem he "saw the Lord sitting upon a throne, high and lifted up." George Fox found the living God and, as he declared, "this I knew experimentally." This joyous, rapturous experience, which was often too rich with meaning to put into words, transformed the world and the man himself. From the moment of discovery of the possibility of communion with God, the world "took on a new smell," as Fox expressed his feeling.

The mystics of all ages have found it difficult to express in cold words the experiences through which they pass, or to formulate in philosophic terms

the meanings they discover. What they desire to express is their belief that God and man are essentially connected, that God can communicate with man, that "God and man," in the words of the Quaker philosopher Rufus M. Jones, "are conjunct." This truth the early Friends expressed in terms which occur again and again in their writings, such as, "there is that of God in every man," "the Divine Seed in man," "the Light Within," "the Indwelling Christ," "the Inner Light." They had found a *jet of living water which fed their thirsty souls*, for in the very disposition and nature of man they knew there was a bit of the Divine.

The belief that God spoke in the depths of the human soul gave Friends their watchword, "Mind the Light". It seemed to them that God would lead the individual into the highest life of which he was capable. "Be patterns," wrote the Founder, "be examples in all countries, places, islands, nations, wherever you may come, that your carriage and life may preach among all sorts of people and to them; then you will come to walk cheerfully over the world, answering that of God in everyone."

Friends of today still see the guiding hand of God in the moral compulsions which make them do what they know is right, in the power and courage which come to men in times of crises, in the rare moments of illumination when the *isolated facts of life seem to fit together into a consistent and beautiful whole*, and in those still rarer occasions when God seems to break into human life with a sudden invasion of light and power and decision such as St. Augustine experienced in the garden at Milan. God's guidance may further be likened to that of a father who seeks to open new doors of opportunity for his child, training and developing character through the experiences of life, yet permitting freedom of choice and being evidenced only as the individual yields willingly to the Divine leading. The present day Quaker Book of Discipline expresses the necessity of following this guidance in the words, "Each person must prayerfully seek individual guidance and must follow his own conception of God's leading. He will be helped by studying the developing interpretation of God in the Bible and especially by pondering the life and teachings of Jesus."

The second motivating idea of Friends is their belief that "God endows every human being with a measure of His own Divine Spirit" and that this endowment is not restricted by class or race. The Quakers agreed with the Calvinists of the seventeenth century that there were many evil tendencies within man, but they also firmly held that there resided within man's nature the Divine Spark. This enabled man to live righteously if he would, and since this possibility was never denied to man, he was always of infinite value in the sight of God and should be in the sight of his fellow men.

This high expectation of human nature led to practices within the Society of Friends and to attitudes toward the world at large which were far reaching in their consequences. The practice of reverence for human personality began

at home in the treatment of children, as we shall see in greater detail. This attitude led to equality of sexes, women being granted the same spiritual privileges and the same responsibilities as men. Equality and co-partnership, mutual love and respect, a joint sharing of the burdens of the home, and a willingness to watch each develop public interests of his or her own marked the Quaker idea of family relationship. Elizabeth Fry, the prison reformer, and Lucretia Mott, the champion of the slave and of full rights for women, were outstanding examples of a practice which produced many great though lesser known women.

Reverence for human personality was basic in the treatment accorded to the Indians and the Negroes by the Quakers, and the same reverence for personality has been behind the relentless drive of Friends against all war and for creative peace. To them war has meant the denial of human brotherhood; they would eradicate the seeds of war in their own daily life and seek to eradicate them in the life of the nations.

QUAKER THEORY CARRIED INTO CHILD GUIDANCE

The two dominating ideas of Friends, the belief that God can be inwardly experienced, and the infinite value of human personality due to the indwelling of a portion of the Divine Spirit, have been motivating factors in the educational efforts of Friends and have resulted in certain emphases in educational practice.

Since the first duty of the individual is to accept and to follow the guidings of God as revealed through the Inner Light, Friends feel it is of utmost importance to place the child in such surroundings and in such an atmosphere that the child is able to hear the Divine promptings. This requires special attention to family life, to family and group worship, to the selection of well-qualified and dedicated teachers, and to right relations with the larger world beyond the Quaker household.

THE BLESSING AND RESPONSIBILITY OF CHILDREN

Children were a blessing and a grave responsibility in the eyes of early Friends and the duties of a parent were not to be discharged lightly. Early letters of advice sent by London Yearly Meeting (the parent body) to all groups of Friends in England, Ireland and the Colonies, contain weighty admonitions to members, as follows:

1688. "We do intreat and advise You all our Dear Friends, Brothers and Sisters, that are Parents and Governors of Families, that ye diligently Lay to Heart, your work and Calling, in Your Generation for the Lord, and the charge committed to you not only in becoming good Examples to the Younger Sort, but also to use Your Power in your own Families, in the Education of Your Children and Servants, in modesty and soberiety and in the fear of God, curbing the Extravagant Humour in the Young Ones, when it doth appear,

and not to Indulge it and allow it, for you are set in your families as Judges for God."

1731: "Inasmuch as we have a large body of Youth growing up, these call for our special care and concern, that they may be preserved in the way of truth...we tenderly recommend to all parents and Guardians that they take heed to themselves, that their own Spirits be rightly seasoned, and directed for the help and good Government of their Children; and then that they have a constant watchful eye in love over them for their good, and keep them as much as possible within their notice, and Observation...and we tenderly advise that Mothers of Children as well as Fathers (as they have frequently the best opportunity) would take particular care to Instruct them in the knowledge of Religion, and the Holy Scriptures, because it is found by Experience that Good Impressions, made Early in the tender minds of Children, have proved lasting means of preserving them in a Religious Life."

The tender regard in which children were held is beautifully expressed in an Epistle of 1723. "For as much as next to our Souls, our Off-spring are, or ought to be, the most immediate Object of our Care and Concern, being a peculiar Blessing from God.....we ought to wait upon Him for Wisdom from above, thereby to be enabled, rightly to discharge our Duties towards them."

Children were to be taught to obey their parents, obedience to God was placed above obedience to parents, though this must have occasioned some perplexity of mind for the "Fathers and Mothers in Israel." In the Epistle of 1731 we read, "Parents should begin with their Children betimes, and endeavour to teach them, as soon as they are capable of instruction, that their Wills ought to be entirely subject to the Will of God, and to the good advice of their Parents. And we desire particular care may be taken to require nothing of them that is unreasonable, or unbecoming religious and tender Parents." The Quaker family has always operated as a closely knit body, with each individual taking his or her responsibilities and sharing in the duties and tasks of the home. The parents strive to be examples in the daily routine tasks of life, and such families are known for their frugality, industry, and hospitality. The children are trained from infancy to esteem these virtues. Because of their attitude toward Divine guidance parents do not exercise their authority unduly, but rather seek to lead by gentle admonitions and quiet advice, forcing the child to turn back continually to its inner self for confirmation of the parents' judgments. Non-Friends visiting in Quaker homes or Meetings often remark on the unusual feeling of comradeship which exists between young and old. In all minority groups there is probably a tendency for various age levels to mix more freely than in society at large, this is certainly true among the Friends. It is quite customary for Quaker children to speak to their elders as "Cousin" where no blood relationship exists or to address older men and women by their full name without the use of "Mr" or "Mrs." Older members

of a Meeting seem to take a very genuine interest in young Friends, going out of their way to counsel them or to be of service to them in establishing their contacts with the outside world.

Quaker parents were admonished to be examples to their children, but in the early days of the Society this was not an easy thing. The Friends of that period felt they were called to go "out of the world" and to exhibit in their daily lives a testimony against many of the customs of the day which violated their consciences. This made them a "peculiar" people.

For two hundred years their testimony against the extravagance of the upper class in England took the form of the Quaker's collarless coat of sober gray, topped by a beaver hat, and the Quaker maid's long gray dress with plain bonnet and shawl. Boys and girls dressed in a plain and sober costume similar to their parents. This made the Quaker costume a distinguishing garb, but, in time, a yoke and bondage.

Simplicity of conduct extended beyond matters of clothing to that of speech and act. Since men were equal in the eyes of God, the Quaker child was taught to recognize no differences in rank or station. In a day when men debased themselves by outrageous flattery of men of noble rank in order to curry favor with them, the Quaker refused to remove his hat to Duke or King and used the plain singular "thee" and thou" to them. In the England of the day the custom of using the plural "you" to men of rank in society was just coming in, based on the theory that a peer was of more value than a commoner. This the Quaker refused to grant. It was no doubt a trial to the Quaker child to wear the plain dress of his parents, to keep his hat on his head on all occasions, and to use the "plain language", perhaps it was not as great a trial to maintain the more important Quaker testimony of integrity and honesty in all business dealings.

The distinctive dress has almost entirely disappeared from Friendly circles, and the use of the plain language lingers only in some intimate family circles as a term of endearment, but the testimony for simplicity and integrity is still brought to mind in the present Book of Discipline in these words:

"It is urged that Friends be watchful to keep themselves from self-indulgent habits, luxurious ways of living, and the bondage of fashion. Undue luxury often creates a false sense of superiority, causes unnecessary burdens upon both ourselves and others, and leads to the neglect of the spiritual life. By observing and encouraging simple taste in apparel, furniture, buildings, and manner of living, we help to do away with unwholesome rivalry and we learn the value of self-denial."

At least once each year parents hear wise advice read in their monthly meetings for business which reflects the ancient ideals:

"As the family is the foundation of human society, every home needs for its cornerstone the highest ideals of love. We look to the home for that serenity of mind in which the fruits of the spirit may develop. When husband and wife

share each other's aims, help each other in achieving them, and work together in sympathy and mutual confidence, their influence is felt by all who come in contact with them. In such a home both parents share with joy the responsibilities for the care of the family, while the children grow naturally to be helpers and companions in the family circle "

"Children are especially susceptible to the influence of their surroundings, and early impressions are most lasting, therefore love and harmony in the home during their formative years are especially necessary. As the children acquire much by imitation and absorption, parents should carefully watch their actions and words, curb their indulgences, practice forbearance, choose worthy companions and permit only worthwhile books and publications in their homes "

"The method used by Jesus with his disciples is a worthy guide for parents in training their children. Precept, reinforced by example, is the keynote of this method. A child tends to become what we honestly expect him to become, if we constantly keep in his mind the ideal picture of himself, getting him to share our faith, that he can grow into it "

"Obedience is the foundation on which character is built. At first the obedience must be to the parent's will, but as intelligence develops, the rights of others and the laws of God should become the motive force compelling right actions. Loving counsel and direction, rather than compulsion, should be the basis of development. Sacrifice of the family life to an uncontrolled child is harmful both for the child and the family. Control should be founded on love, consideration, and service."

It is not difficult to trace the nearly three hundred year old feeling among Friends that children are both a blessing and a responsibility, through the earlier injunctions to parents to the more recent expressions of its modern equivalent. If it is true that it is of utmost importance to place the child in such surroundings and in such an atmosphere that the child will be able to hear the Divine promptings, then we have the possibility of such surroundings and such an atmosphere in a home in which the cornerstone is love, where husband and wife accept equal responsibility and work together in sympathy and confidence, where children are treated as helpers and companions, where precept is matched by example, where obedience to authority outward and inward is enforced, and where it is felt that a child will become what it is honestly expected that he should become.

FAMILY AND GROUP WORSHIP

The meeting for worship has always been the key to the religious life of the Quakers, and it is here that the Friends have differed most sharply from the forms of worship used by other Christian bodies. Friends gather without priest or clergy and without the use of ritual or music. In silence they commune with God and seek Divine guidance that they may fashion their lives in

accordance with His will. Silent worship, to Friends, is a corporate fellowship where kindred souls are fused in a common yearning, where the needs of all are held before God, and where new power is generated by the common pooling of spiritual resources. The silence is one of attention and expectation. The individual concentrates on an examination of his own self and his needs or on the needs of reconstructing the social order about him that it may conform more nearly to the pattern of God's kingdom on earth. There is a sense of overbrooding presence, a straining of the soul to join co-operatively with the spirit of God acting in the world. The silence is one of expectation, for at any time a greater degree of illumination may come to someone present which will help to guide him in his individual problems, or some new vision of truth may come which is to be shared with the group. If any member of the company of worshippers feels that he has something of value which will help others present, he will desire to share these thoughts and aspirations, and he will be free to do so. "A meeting is enriched by the sharing of any living experience of God."

It is customary for Friends to make frequent use of periods of silent worship which are much shorter than the usual Sunday morning meeting for worship; these may occur at meal times, before committee and business sessions, during business meetings if the matter under consideration leads to contention, in their schools for religious education, at conferences of young people, and in the program of Friends' Schools. Wherever the child shares in these periods, he learns to feel the presence of the living God, to still his roving thoughts—at least for a time—and to feel a sense of wonder. In modern Quaker Schools for religious education time is taken to explain the reason for silent worship, the uses of silence, and sometimes suggestions are made as to suitable topics for thought during such times. Talking with God is not thought of as a formal matter but as a happy conversation. In a recent leaflet on "Religious Education in the Home," published by Philadelphia Yearly Meeting of Friends, this paragraph on children's prayers gives the Friendly approach. "Prayer is a worship experience and cannot be taught. We can only guide a child into a deeper understanding of the meaning of prayer and create a desire to pray A child should understand God is interested in him, not as a disciplinarian, but as a guiding force."

In many, if not all, Friends' Schools the Quaker meeting for worship is an integral part of the school life. In these schools the student body and faculty worship together in a nearby Meeting House or in some part of the school building set aside for the purpose. It is quite common in these meetings for worship for the students to share in vocal expression, and in all the schools if this does not happen, those in charge feel that they have failed to create the right religious atmosphere. In some Friends' Schools a Religious Life Committee exists consisting of student and faculty members who meet to discuss the meeting for worship and its value to the student body. Often members of

this committee are appointed to speak to certain students or faculty members and suggest that they give special thought to the meeting for worship.

In preparing children for the morning meeting for worship, Quaker parents probably use all the devices other parents have tried. In many friendly groups children of Primary age are cared for in another part of the building while the grownups are holding their worship period, and only join their parents on special occasions. Older children may be given a sheet of paper on which to draw or an illustrated Bible story book, but most are expected to sit quietly, thinking their own thoughts and gaining what they can from the spoken messages. If they are present in any numbers the Discipline reminds those adults present, "Members should feel that children are in reality a spiritual part of the meeting and there should be no lack of communications suited to their understanding and needs." Parents may suggest topics for their children to think about, such as, "What does God want me to do today?", or "Does the hour make me feel like doing something good for someone else?", and they may permit their children to withdraw after a half hour has passed rather than remain for the full hour or more which the adults enjoy."

The custom of family worship among Friends is beautifully described in two books by Rufus M. Jones, "A Boy's Religion From Memory" and "Finding the Trail of Life." During the past few decades this has been given up in the majority of Quaker homes, but today there is a move back to these helpful periods of family union and worship, and we may see again the day when the preoccupied business man will take time to sit with his children before leaving the breakfast table, or at some other time of day, to read from the Bible or from one of the fine books of religious devotion, followed by a "weighty silence." Rufus Jones writes that he was not "christened" in a church, but that he was "sprinkled from morning till night with the dew of religion." Something of the "lost radiance of religion" may be restored to American life if the custom of family worship is revived in some form.

FRIENDS' SCHOOLS

Friends' Schools were established as early as 1668. In that year George Fox directed that a boy's school be set up at Waltham Abbey and one for girls at Shacklewell. Three years later there were fifteen boarding schools kept by Friends in England. The first school for training Quaker teachers was founded at Wandsworth in 1697, and shortly after 1690 Friends' Schools began to be set up in the American colonies. For many years most Meetings conducted schools, either in the Meeting House itself or in a special building erected for the purpose on the Meeting House grounds. These schools were gradually superseded by the public schools except in the Eastern States, where a strong chain of Quaker boarding and day schools exists from Washington, D. C. to Vassalboro, Maine.

In the early days Friends' Schools were established that the children of Quaker homes might have a "religiously guarded education." That meant that the children should be shielded from what Friends considered injurious in the "world's influences," as exerted through harmful textbooks, wrong minded teachers, or the influence of other children who were evil in their conduct. In such a plan of education the first essential was right teachers. Early Quaker advices on education stress this point. An advice of 1695 reads, "schoolmasters who are Faithful Friends and well Qualified are to be placed and encouraged," they were to "correspond with one another for their help and improvement in such good and easy methods as are most agreeable to the Truth and the Children's advantage." Parents were advised to send their children to well qualified Friends that the children should not be educated by "those of other persuasions, whereby their tender minds be in great danger of leavening into Language and Customs and Habits of the World" Friends teachers were not expected, in those early days, to allow the children under their instruction to "read plays, romances and other licentious publications," nor would they permit the youths in their charge to "frequent stage playing, horse racing, dancing or other vain sports and amusements." Rather they were to instruct boys and girls in "useful learning, to fit them for business in relation to temporal concerns and to train them up in the knowledge of their duty to God and one towards another."

The theory of a guarded education has been replaced by what might be called a guided education, and nothing that could help broaden the cultural background of boys and girls or fit them for taking their place in the world as it exists is excluded from a Quaker school today. The aims of Friends' Schools is expressed in a recent statement of the Friends' Council on Education in these words, "Quaker Schools have a responsibility to carry out an education which is imbued with a spirit of individual and social reconstruction. Such a responsibility demands a course of study that fits the growth of the child. The ideal Quaker education requires discipline that develops self-control, academic work that develops intellectual honesty, physical training that develops sound health and a capacity for constructive recreation; but above all it requires religious training which develops a freedom to teach the whole of truth without restriction and without fear."

Today Friends' Schools are eager to secure "faithful and well qualified Friends" as teachers, though in none of the many schools are all of the teachers members of the Society, and in few is even a majority of the faculty of that body. School committees do not desire Friends as teachers if they are not competent, and the supply of those qualified does not equal the demand. A recent report on Friends' Schools prepared by Kenneth W. Eells, Field Representative of the Middle States Association of Colleges and Secondary Schools, states that Friends' Schools needed teachers "who have clear religious insight, who are sympathetic and skillful in their dealings with young people, and who

are well trained both in subject matter and teaching procedures." The fact that few Friends' Schools are heavily endowed and that most of them have to live within an income derived solely from current tuition charges make it difficult for them to secure teachers who meet the exacting requirements demanded by Quaker theory.

The recently established Interne Council, a department of Friends' Council on Education, is a new instrument to assist Quaker young men and women to prepare for teaching positions in Friends' Schools. This Council suggests the names of suitably prepared college graduates who are placed in Friends' Schools for a year of service in observation and teaching under the careful guidance of the Headmaster and selected members of the faculty. Such a year's experience gives the beginner an understanding of Quaker theory and practice which are invaluable when he goes into a position of full responsibility.

Friends never drew any distinction between the education of boys and girls, believing that girls should have opportunities equal to their brothers. Since the ideal Quaker unit was the family, it was only natural that Friends should favor co-education, and most of the Friends' Schools of today, whether boarding or day schools, follow this pattern. All but two or three of the colleges managed by Friends are also co-educational. Quaker educators feel that one of the most valuable features of their schools is the comradeship and natural association of boys and girls. In the classroom, laboratory, library and dining room, on the playing fields, and in the hobby groups, boys and girls meet in a wholesome manner. The presence in every Friends' School of many brothers and sisters helps further to create a family atmosphere. In answering the objections still occasionally heard against co-education, Dr. John Dewey, dean of American educators, has well stated the Quaker position, "I know nothing so conducive to sane and wholesome relations between youth of opposite sexes as association for intellectual and moral ends, such as are implied in education, under the guidance of wise elders. Isolation makes right association later in life more difficult; it sometimes relieves school administrators and instructors of certain difficult responsibilities, but only to pass them on to others under conditions which render their fulfilment increasingly hard to achieve."

Second only to well qualified and dedicated teachers is the curriculum. George Fox founded schools to teach "whatsoever things are civil and useful in creation," and William Penn, who was responsible for the founding of many schools in Pennsylvania, was as practical in his views as Fox. In his "Fruits of Solitude" he wrote, "We are in pain to make them scholars, but not men; to talk, rather than to know; which is true canting. The first thing obvious to children is what is sensible; and that we make no part of their rudiments. We press their memory too soon, and puzzle, strain, and load them with words and rules to know grammar and rhetoric, and a strange tongue or two, that it is ten to one may never be useful to them, leaving their natural genius to mechanical and physical or natural knowledge uncultivated and neglected; which

would be of exceeding use and pleasure to them through the whole course of their lives . . . Children had rather be making of tools and instruments of play; shaping, drawing, framing, and building, etc., then getting rules of propriety of speech to heart and those also would follow with more judgment, and less trouble and time. It were happy if we studied nature more in natural things, and acted according to nature: whose rules are few, plain and most reasonable."

In many of the English Friends' Schools this emphasis on the practical has been kept, along with the desire to prepare boys and girls for advanced education. In such schools as Bootham in York or Great Ayton, there are excellent shops where woodwork and metal work requiring much dexterity are practiced, and allied skills cultivated in book binding and basket making. At Ackworth School children are encouraged to take care of garden plots and to raise domestic pets. In the United States in such boarding schools as George School and Westtown, and in day schools like Baltimore Friends, graded work is given in wood carving, wood work, metal work, shop practice, pottery and clay modelling.

A further effort to restore to city children skills with the hands normally acquired by girls and boys in rural areas, and to teach them the dignity and joy found in work with the hands has recently been introduced into several Friends' Schools through experiments in what has been called the work-camp plan. High school students, under supervision of faculty members, spend weekends on farms, in city settlement houses, Civilian Public Service Camps, or on projects initiated directly by the school. Westtown School, for example, has an annual fall week-end spent in apple butter making.

In partial revolt against the rigid requirements of our colleges, and in recognition of the great differences that do exist between pupils, Friends' Schools in recent years have been experimenting with curriculum changes which better meet the previous training, individual capacity, and life purpose of the individual. Sequence courses have been instituted at George School which group together students of similar aptitude and college or life-purposes. The old system of units and credits is abandoned and the barriers between such subjects as history, mathematics, and science are broken down, and the approach is through various problems to which various subject fields make their contributions. Sequence groups are established in languages and mathematics, in problems of contemporary society, in natural science and mathematics, and in preparation for citizenship. The later sequence is especially designed to meet the needs of the pupil of low scholastic aptitude, and the George School faculty believes that these students can participate in many essential intellectual experiences, provided the subject matter used has concrete reality in the life experiences of the student. "These students, who often rank high in character and other personal qualities . . . may occupy positions of leadership in social and athletic activities."

Friends' schools uniformly stress health and physical education, and the trend in the last quarter century has been to move the day schools from in town locations into city suburbs, where large tracts of land provide for a well rounded outdoor program. Classes in Friends' schools are small, and a systematic plan of regular testing is followed up by special remedial work, and by supervised study periods or special tutoring.

Respect for individual worth has been evidenced in Quaker discipline and in democratic procedures. Early Friends' schools no doubt had much to learn in this respect, as we can gather from such statements as that of John Bright, who wrote of the English Friends' school which he attended, "In the matter of punishment, it was harsh if not barbarous." Yet it also can be said that Friends' schools were the first to give up the birch rod and the whipping stool. Today visitors to Quaker schools are impressed by the comradely attitude taken by teachers and students towards one another, which grows out of mutual respect for one another. Where students are free to speak in meetings for worship, are accustomed to the discussion method in the classroom, and enjoy free play of opinion in classes of the social studies and of religion, the democratic attitude is strengthened.

Religion is held to be an integral part of life in Friends' Schools. In addition to the place of the meeting for worship already indicated, classes in Bible and religion are given, and there is often provision made for discussion groups on religious topics or for individual counseling. Friends do not apologize for their emphasis on religion; they believe it should definitely have a place in the life of every school.

Dr. Howard H. Brinton, Director of Pendle Hill, the Quaker school of advanced studies, has written "The child does not choose his religious or moral code. It comes to him as a fact of environment, something given and transmitted through family, church, school or state. The child is born into a religious and moral environment and his religious and moral feelings are awakened by the external, the authoritative, the solemn and the awe inspiring. The youth endeavors to rationalize and explain what he has received as a child . . . unfortunately many children today are not received into any system of religious and moral ideas either at home or at school. As a result they are spiritually and morally homeless and may remain derelict most of their lives. It is absurd to expect a child to choose a religion or moral code out of nothing. The child has a right to be offered something positive, the very best that has been discovered by the group in which he has been born or placed. If the school or family or church does not offer it, it will come from inferior sources. The child will not be starved. He will take bad food for his soul rather than no food."

Through the creation of an atmosphere which permits the child to hear the promptings of the spirit of God—in and through the family; the meeting for worship; the school, under the direction of those who feel the responsibility

of guiding the quickening mind and spirit—Friends hope to discharge their responsibility to that within the child which is of eternal value

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PART EIGHT

SPECIAL VIEWPOINTS FOR GUIDANCE

FREUD'S PSYCHOANALYTIC VIEWPOINT FOR CHILD GUIDANCE

By

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FREUD'S discoveries at the turn of the century and during the first decades thereafter, liberated psychiatry not only from its "intramural" limitations, but

There are five principal factors in Freud's discoveries which contributed to all sciences interested in the human mind. It gained a focal position in psychological and social sciences inclusive of anthropology and criminology as well as in those fields which have as their objective, directly or indirectly, the understanding, guidance and treatment of the mind of the child, namely education, psychology, social work

There are five principal factors in Freud's discoveries which contributed to the growth of child guidance.

1. The establishment of the outstanding importance of the first five years of life in the mental development of the individual as compared with the later periods of life.
2. The realization which psychoanalysis conveyed that mental sickness is almost always the outcome of longstanding psychic conflicts, the result of a chronic process, originating without exception in childhood and having a long incubation period.
3. Freud's revelation that the difference between the normal and mentally disturbed mind is a quantitative rather than a qualitative one and that all human beings have the same basic conflicts. It is only the resolution of these conflicts that occurs in different ways in normal, neurotic, delinquent and psychotic individuals. This revelation dissolved further the barrier between "extramural" and institutional psychiatry.
4. The liberation of psychiatry from the static, descriptive, somato-pathological and fatalistic views, which characterized school psychiatry up to the turn of the century. Freud emphasized the role played by individual experience in the causation of mental disturbances. He sought and found the roots of mental disturbances in psychological and not exclusively in organic processes and reactions

5. The empirically established knowledge that every reaction of the organism (i.e. body plus mental apparatus), is both hereditary and environmental, which brought the social aspects, especially the family unit, to the fore in its true significance as the most important environmental factor.

These basic concepts definitely stimulated the trend in psychiatry and the social sciences in the direction of prophylaxis, with the aim of overtaking mental illnesses and social maladjustments at the site of their origin in childhood.

This has been the situation, based on the above described relationship, between psychoanalysis and child guidance.

We may state, however, that child guidance in Europe, especially in Vienna, lagged far behind as a mental health movement of nationwide importance as compared with the situation in the United States. The difference in the developmental situation of child guidance clinics here and abroad paralleled the situation existing in psychiatry here and there. In Europe psychiatry did not really grow beyond the walls of the psychiatric institutions as it did in America. Hence the strange fact that at the place of birth of psychoanalytic science child guidance was not a natural ramification of psychiatry or orthopsychiatry, but rather grew directly out of youth welfare and family case work. The problems were handled only from the social economic point of view.

When the official family welfare institutions finally acknowledged that they were unable to handle the distress of families where pedagogical emergency situations occurred, various psychological methods were called upon and many schools of psychological thought established themselves in child guidance work, but each working separately.

August Aichhorn was the first to create psychoanalytic guidance centers for the Youth Welfare organization of the city of Vienna and later on headed that of the Vienna Psychoanalytic Institute.

The confinement of psychoanalytic child guidance to a few child guidance clinics "in splendid isolation" had its positive aspects as well. Some of them became true research laboratories for the application of the Freudian theory to child guidance problems and reached significance as training centers for psychiatrists and psychologists from far and wide.

Freud himself did not work in the realm of child guidance and education.

Omitting the historic development of psychoanalytic psychology aside, we shall sketch the present day stand of Freudian psychology and psychopathology.

THE ANATOMY OF THE PERSONALITY

THE PSYCHIC INSTITUTIONS

Psychoanalysis conceives of the personality as having a structure which consists of parts some of which are inherited and unorganized and others which differentiate and reach higher organization in the course of the psycho-sensual

development of the child (ego) Whereas the newborn's mind consists almost entirely of unorganized mental parts (id) later on an ego is differentiated. If we wish to describe our impression of a child observed psychologically we speak of his *Behavior*.

The manifest behavior of the child, however, is merely the functional or reactive façade of his personality Behind behavior the driving force is emotion, and behind emotion are the instincts, whose source lies in the metabolic and hormonal processes of the organism whence they receive their energy charge (cathexis).

THE ID

Instincts may be defined as stimuli which originate within the body and which are being continually produced In these respects they differ from external stimuli reaching the mental apparatus.

We distinguish two groups of instincts: 1.) the so-called love or procreative instincts and 2.) the aggressive tendencies*, pertaining essentially to the instincts of self-preservation.

The instinctual energy generated by the chemical-physiological processes of the body in continual rhythm produces tension, which, if it reaches a certain height, acts as an excitation (like the external stimuli) upon the mental apparatus, driving for release. The tension, if it exceeds a certain limit, is felt as pain, (Unlust) whereas release or discharge is felt as pleasure. Hence the aim of the instinctual impulses is, to relieve painful tension by releasing accumulated energy (pleasure principle). This aim of the instinct is achieved later on through avenues opened by objects in the outside world.

Because of its paramount psychopathological interests Freud gave the love energy a special name: libido. In addition there is the aggressive energy, which provides the instincts of self-preservation with cathexis (energy-charge).

Both groups of instincts can be linked to organs of execution. The principal organ of execution for the sexual instincts is the genital organ; the executive organ of the aggressive instincts is the muscular system of the body.

Summarizing, we may say that the instincts have certain constant attributes—source, energy cathexis and executive organs—and, most important of all for our clinical prophylactic and therapeutic considerations, that they have *an aim and an object*. Whereas the source and sum total of energy are inherited and unchangeable, the aim and the object of the instincts are adjustable and adaptable to the requirements of reality and society. It is this potentiality for change which we utilize to such great extent in guidance work.

At the beginning of life neither love nor aggressive energy has an object. There is no differentiation as yet between the self and the external world. There

* These instincts we may call "ego-instincts", the term most frequently used in psychoanalytic literature. We must, however, keep in mind that the ego-instincts are immanent in the newborn before the differentiation of the "ego" as a separate institution of the mental apparatus, and that therefore ego-instincts refer to the self as a whole, as distinguished from everything outside of the self.

is no ego, but only id. The instinctual energy is somehow stored and not yet in function. This stage is called "primary narcissism"

NARCISSISM

After the differentiation of the ego, the instinctual energy becomes a functional power and can be directed. The love energy can take its own person as an object (secondary narcissism), or another person or thing in the outside world (object-love). Under normal circumstances the child bestows love upon the objects of his immediate environment and we shall see how this capacity furnishes *the basis for all education and social adjustment*. An optimal balance and fluctuation between self-love and object-love is one of the criteria of a normal personality development.

EGO INSTINCTS

The aggressive or ego-instincts also can be directed towards the outside world or against one's self (self-injury, self-punishment). The aggressive instincts are composed of tendencies to dominate and control, to ward off danger and defend the ego; and also of drives for power and self assertion. These component ego-instincts have aggressive energy at their disposal but they appear to be cached with aggressive energy up to a certain conspicuous tension only when the ego feels endangered from without or from within; otherwise the excess energy appears to be used up in amalgamation with the love instincts. (This theory is important for the understanding of differences in dynamics of aggressive manifestations—see neurosis and delinquency).

Fluctuation occurs between outward aggressiveness and self-punishing tendencies just as between object-love and self-love. We can observe that aggression may even defy its own original purpose of self preservation to the extent of actually harming the individual, if the safety valves toward the outside world are closed, or if the amalgamation with libidinous impulses fails to occur.

THE DYNAMIC UNCONSCIOUS

At this point we must anticipate Freud's discovery that in the course of normal, as well as pathologic-psychic, development there arise conflicts which effect repression. Freud's research in the first period of his work was entirely taken up with the study of the id, particularly that part of it, which contains the "repressed material", the dynamic unconscious. "Dynamic unconscious", the existence of which we can assume only inferentially (slip of tongue, parapraxes), can be brought to consciousness "only by a considerable expenditure of energy" or not at all.

The second part of Freud's research was devoted not so much to the "repressed" as to the repressive mental operations involved in the conflict which

led him to study the ego and the site of the resisting, defending, repressive forces.

THE EGO

We learn that the ego is a more highly organized part of the id which has its origin in a stratum bordering upon the outside world, the perceptual conscious system. (The corresponding parts of the body are the sense organs.)

The infant's first experiences occur in a matrix in which his own ego boundaries are not yet demarcated from the mother's. Through the sensual impressions conveyed by the mother the infant begins, at about the age of 4 months, to recognize dimly his own body-ego boundaries. At about the age of 5 months the next step occurs: instead of always crying when hungry, the infant begins to follow the movements of the mother with his eyes (Benedek). He has learned to wait. The arrested instinctual tension has become the very motor of ego development. It should be kept in mind that in the entire course of development controlled instinctual energy is always the dynamic force which develops and solidifies the ego.

One of the functions of the ego, though not comprising its entire sphere and not identical with it, is the phenomenon of consciousness. The ego receives the stimuli of the external world and also the instinctual impulses from within the body. It is the protective mental institution of the individual organism. It perceives surplus stimuli as dangerous. It forms the so-called stimulus protective apparatus (*Reizschutzapparat* against external stimuli and overwhelming tensions coming from the id).

The ego is supposed to be the seat of the cognitive, (intellectual) connative and emotional capacities of the mind. Not only has the ego intelligence and willpower at its command, it also commands the access to motility. Hence it does not permit impulses coming from the id to be gratified, i.e., transformed into action immediately and indiscriminately, but with the help of thinking, which is tentative and not performed "rehearsal-acting", admits them only if they are in reasonable accordance with reality requirements.

Hence, the so-called pleasure principle governing the id, the drive for immediate action to obtain pleasurable satisfaction and thus avoid the pain of tension without regard for reality and cultural demands—is interfered with by the ego (reality principle).

The highest function of the ego, however, is supposed to be the tendency to synthesize its contents and to mediate between the different institutions of the mind and the outside world. This latter function is a tremendously challenging and difficult task even to the relatively strong ego of a grown-up, and often overwhelming and impossible for the weak ego of the child. Freud† says: "The poor ego has to serve three harsh masters—the external world, the

† Freud, "New Series of Introductory Lectures"

super-ego and the id." But on the other hand, the strength and functional capacity of a personality are commensurate with the strength and capacities of his ego; and therefore, *the newest trend in psychoanalytic therapy*, as well as in progressive education, is to strengthen the ego, rendering it more independent and free. This is in accordance with the Freudian view "Where id was, there shall ego be "

THE SUPER-EGO

From the foregoing it is evident that in the long run it would be a tremendous strain for the ego to perform all the steps and mental operations which we described as interpolated between the perception of instinctual tension and its adequate release in action, adapted to reality.

We note that the child attains comparatively soon that stage of development which we may call primitive reality adjustment in which he automatically (without conscious thinking) adapts his functions to be repeatedly experienced primitive reality demands (conditioned reflex is the simplest of the primitive reality adaptations but by no means the only one.)

This part of the ego, which in its first development seems to have the one purpose of sparing the ego the strain of renewed evaluation and decision, is the precursor of the super-ego (not identical with ego-ideal or conscience!) Its segregation from the ego is helpful because, although it is a part of the ego, it is thought of as being in much more intimate connection with the id than the ego itself, sensing the instinctual impulses before they reach the ego and automatically governing instinctual activity. The real super-ego is formed by the assimilation of higher demands of culture and society as represented by the parents. Though the first developmental signs of super-ego are evident in the small child, its final establishment cannot be put earlier than the age of 5 or 6. At this time the child, because of his loving relationship with his parents and the impossibility of realization of his passions towards them (Oedipus complex), represses his sexual strivings into the unconscious and assimilates the parental commands and attitudes (through unconscious partial identifications) so completely that he comes to regard their standards as his own (ego-ideal). The prohibitions originally expressed by them he feels as pertaining to his own personality (conscience). To state it simply, the super-ego is that part of the ego which contains the assimilated commands and evaluations of the parents (ego-ideal), and which governs instinctual activity automatically in terms of right and wrong (conscience). The tension between the ego and the super-ego is expressed in conscious and unconscious guilt feeling.

Concerning the decisive role which object relationship and the living presence of suitable parental images play in the development of the ego in forming an adequate ego-ideal as part of the super-ego, we refer to the next paragraphs.

DEVELOPMENT OF THE PERSONALITY THE PERIODS OF CHILDHOOD

THE TRAUMA OF BIRTH

The process of birth is to the child a traumatic danger situation because of the sudden biological transformations that coincide with it. The transformation of the circulatory, respiratory and other functions which accompanies the change from intra-to extra-uterine life creates a great instinctual tension.

Freud's* concept is that the psychophysical symptom created by the "economic upheaval which birth entails", the anxiety syndrom, is the prototype of all later anxiety reactions. "Anxiety is the reaction to danger", "The process of birth constitutes the first danger situation"

Probably even in the intra-uterine situation certain overstimulations may create a predisposition, which Greenacre has described and called pre-anxiety or basic anxiety, and which hardly can be separated from the phylogenetic heritage which we have to assume as a constitutional factor in psychoses.

When instinctual tension or external sensory stimuli reach the mental apparatus of the newborn, both are relatively so strong that they are perceived unpleasurably without further qualification. He is relatively much more helpless than other mammals at the beginning of their extra-uterine life. He needs warmth, bodily contact with the mother and food. If his hunger for all these increases and the mother is not there to gratify him, the tension threatens to overwhelm him. He experiences first distress and then reflectory anxiety reactions. Threats to his comfort and existence stimulate his instincts of self-preservation. We can see his aggression in his affecto motor outbursts, which are the sole release of overstimulation and biological tension: he cries with athetotic and convulsive motor discharge.

Under normal circumstances the infant achieves gratification through these affective outbursts in that his mother or mother-substitute brings loving aid to him, gives him the breast or bottle and warmth and comfort. In fact, at this first stage of extra-uterine life, "his majesty, the baby" is definitely the domineering part of the mother-child "dual-unit".

We are justified in assuming that the earliest deprivations of warmth, bodily contact and food, the lack of "mothering" in the first months of life, form the basis of deeply seated extreme fear dispositions, (fear of annihilation). This coincides with David M. Levy's concept of primary affect hunger. The lack of an object to utilize part of the libido as object-libido (primary object-love) causes quite severe narcissistic disturbances of the personality and inclination towards narcissistic neurosis. (Greenacre, Ribble†, etc.), or narcissistic asocial character-development.

* Freud: The Problem of Anxiety. The Psychoanal. Quarterly, New York, 1936, also *Gesammelte Schriften*, Vienna, Vol. XI.

† Ribble, Margaret A.: Disorganizing Factors of Infant Personality, *American Journal of Psychiatry*, 1941, Vol. 98, Nr. 3.

Whereas aggressive and love-instincts both have a common energy source, they differ and are antagonistic in most of their other characteristics. Strangely enough, of the two, the sexual ones appear to be the more unmanageable and insatiable.

Psychoanalytic therapy has disclosed that every functional disturbance of the mind has its basis in unsolved conflicts, sexual in nature.

PSYCHOSEXUAL DEVELOPMENT

After Freud established empirically that sexuality (in the foregoing broader sense) does not befall human beings suddenly at puberty, he was also able to reconstruct the tortuous course of psychosexual development from infantile pleasure seeking to the stage of the "submergence" of the Oedipus-complex and beyond it to the mature stage, where the component erotic drives become eventually integrated under the primacy of the genital organs

With his penetrating and ingenious observation and scrupulous regard for scientific truth, Freud was the first scientist to evaluate the overwhelming majority of manifestations of infant and child behavior as sensuous in nature and to draw the inevitable conclusions for theory and practice.

THE EROTOGENIC ZONES

Freud in his paper "The Three Contributions to the Theory of Sex" described the progress of the infantile sexual instincts via oral, anal and phallic stage to adult genitality. He called the pregenital infantile sexual impulses polymorphous perverse because of their resemblance to perverse adult behavior. The component infantile instincts of the sexual drive are linked to *biologically predestined* erotogenic zones. The common characteristics of the erotogenic zones are excitation, up to a certain tension, action and pleasurable satisfaction (every part of the body may obtain erotogenic qualities).

AUTOEROTISM

The avenues of satisfaction are partly object-bound (mother) and partly autoerotic. In the first years of life we can observe that the diminution and transformation of autoerotic pleasure-seeking depends upon the transformation of narcissistic self-love into object-love. *This is the very basis of educability for cultural reality.*

THE ORAL PHASE

The vegetative functions of the infant, as well as of the small child, have a specific threefold aim:

1. The function in question has to fulfill a biological task which is identical with the tendency of self-preservation. In the case of the mouth activities, food intake serves the purpose of maintaining life;
2. Sucking, swallowing and later on biting and chewing, also serve the purpose of obtaining sensual infantile pleasure,

3. Feeding, as well as bodily care, provides the earliest common basis of the mother-child relationship, the primary object-love

If any one of the three aims of the mouth activities is frustrated, the immediate result is fretfulness and other anxiety reactions. This anxiety can be, theoretically at least, differentiated from the reflex anxiety spoken of before. Frustration of any of the component or partial erotic drives, or their undue prolongation through overindulgent or neglectful nursing attitudes, form not only fixation points, but dispositions for specific character malformations and specific fear dispositions in later life.

THE OBJECTIVE ANXIETIES OF CHILDHOOD

After the establishment of the primary object-love and the differentiation of the ego, the infant seems to learn from experience that his mother will help him in his struggle against the powerful inner tensions. If, however, this does not occur consistently and the tension increases beyond a certain limit, a fear is felt as danger signal by the ego that his mother might desert him and expose him to the overwhelming threat of instinctual tension and what is for him dangerous reality. This type of anxiety, the fear of desertion, is preliminary to the fear of loss of love, which is the dominant form of fear throughout the first two or three years of life and persists much longer in combination with other forms of fears, fear of corporal punishment, fear of castration etc.

Provided that optimal instinctual gratification is granted to the child, he gradually proceeds to the next stage of psycho-sensual development and relinquishes the more immature pleasure. Freud pointed out that "the development of repressions in connection with infantile pleasure seeking is an inherent thing", and that these early pleasures are given up when the individual is capable of entering the next stage of development.

THE ANAL PHASE

In fact, in the course of the fourth, fifth or sixth month, perceptions of the sense organs convey to the infant numerous pleasurable feelings which facilitate greatly the relinquishment of the exclusive oral pleasure. He enjoys moving his extremities, looking at things, and listening to sounds and voices. He is pleased with the active and passive tactile sensations. He does not know yet the feeling of disgust for his excretions. In fact, he obviously enjoys the passage of the feces through the anus as well as the warmth and moistness of them, and only if they irritate his skin, does he express displeasure.

The older the infant, the nearer he comes to a stage in which he looks upon his excretions as products of his own body, which he not only enjoys, but of which, as can be observed, he becomes increasingly proud. At that time, which generally coincides with the time of weaning, the infant is ready to enter the next stage, that of anal pleasure.

At the oral stage, the relationship of the infant to his mother already exceeds his desire to get food and protection. He wishes to have her near him all the time. Then gradually, at about the age of weaning, he experiences the inevitable frustrations of life. He discovers that the close bond with his mother, the unique and exclusive interrelationship through affective expressions, is not only loosened but that gradually his hegemony shifts towards the other end of the mother-child dual-unit, to that of the mother's. He even observes that mother asks for restriction of immediate and indiscriminate instinct gratification and enforces reality adjustment with more or less external pressure.

HABIT TRAINING

The neurophysiological development facilitates and preconditions this progress towards a higher adjustment and a greater relative independence. The child gradually obtains more control over his neuro-muscular system. He learns to grip and hold objects, to investigate them with hands and eyes. He is able to sit up, then to change his position by purposeful motor coordination with increasing efficiency. On the neuro-physiological side the development of the pyramidal tracts (nervous pathways) makes the nervous control of the sphincters possible and thus greatly facilitates toilet-training, which begins before the second year.

When the child begins to stand up, to crawl and later on to walk a little he is no longer completely dependent and is able to investigate his environment actively.

When the child reaches the intensive grasping and investigating period, this naturally has its libidinal, as well as destructive features. This state of undisciplined grasping, destroying things, hurting himself, as well as wetting and soiling, can not be tolerated if the child is to adapt to his environment.

THE FEAR OF LOSS OF LOVE

Now more active training for renunciation of pleasure and compliance with educational demands sets in. This is facilitated by the child's relationship to his mother in the second year of life. At this time he comes to realize that his need for protection and love is greater than his desire to satisfy his tension at will. He comes to regard his love-object more highly and considers mother's demands more important than the immediate pleasure. He relinquishes soiling and gives way to cleanliness; he learns sphincter control, because he fears the loss of his mother's love.

The ego's triumph over the instinct, the reality principle's sovereignty over the pleasure principle is still dependent on the actual presence and renewed commands and attitudes of the mother. Hence the child's progress towards full acceptance of the reality principle again depends on his relationship to her,

as well as her's to him. If habit training is begun too early and enforced rigidly and punitively, the child can comply with the demands only at the expense of free ego development. Most of the ego's functional power is used up in controlling the instinctual impulses. Very often the id is the stronger, whereupon the child not only fears that his mother will not like him, but he suffers in addition a fateful injury to his self-love and activity functions. Precocious super-ego development may occur and a tension between his ego and super-ego is felt (precursor of guilt feeling). He thinks that something may be wrong with him, because he would like to conform but is unable to do so. This is often the source of discouragement, feelings of inferiority, and increased passivity. This is either incorporated into the character formation of the individual or contributes to psychoneurotic disturbances in later life.

Another possibility with a constitutionally particularly active child may be a diametrically different reaction. He may react with obstinacy, withdrawal of object-love, aggression up to defiance and rebellion against undue pressure. This may result in refusal to establish the necessary amount of repression and in failure to renounce his infantile ways of aggression and sexual gratification.

For the sake of the mother the child may control his tensions, relinquishes anal pleasure and indiscriminate grasping and destruction of objects. At the same time, however, he can react in a diametrically opposite direction if he feels rejected or angry. He can punish his mother by soiling himself, by being destructive and by regressing to autoerotic bowel pleasure or when his object-love is not reciprocated, he can hold back his feces if he wants to show his defiance that way, or to deny it to the mother because she frustrated him.

The other educational mistake is overindulgence in the child's pleasure of greediness, soiling and destruction. The child can not be spared a certain external pressure to cause him to renounce gradually his infantile pleasure in order that he may become a happily adjusted individual in our society. This problem we shall discuss later in its different aspects. Here we would like to emphasize once more that frustration, as well as overindulgence may result in a fixation of the partial drives. That is to say that a more primitive stage is either not given up for the more mature developmental stage, or if it is, the libido will tend to flow back (regress) to the intersection to which fixation has occurred, whenever the instinctual tension increases and adequate release is not possible at a later stage of development.

AMBIVALENCE

At about the peak of the anal phase the ego of the child experiences many contradictory feelings. He can actively and passively love and hate the same person. He has now entered the phase of predominant ambivalence. His pride and interest in his own body's production gradually gives way to a feeling of pride in being able to master his sphincters, as well as other instinctual tensions.

THE FEAR OF CORPORAL INJURY

THE PHALLIC PHASE

The three to five year old child, however, still feels the urge to follow his impulses—to get pleasure in his own way, the id furthermore is still relatively stronger than the ego. At the same time the small child fears that his parents will dislike him or, that he will suffer corporal punishment. Because of the strength of his own aggressive impulses which are considerable at this stage, he anticipates bodily punishment as the result of failing to comply with his parents' wishes. This fear overlaps the earlier described fear of loss of love and it also fuses with the boy's growing pride and pleasure in his male organ and the little girl's pride in her body. The boy compares his penis unfavorably with his father's, the little girl envies her mother for all the bodily equipment (often called or thought of as *hidden treasures*) which she lacks. Both feel endangered if they indulge, as every small child does to a certain degree, in pleasurable manipulation of the genitals (masturbation). The boy's fear of bodily punishment may center around the penis and little girl may fear damage to the contents of her body (Melanie Klein). The boy may see his fear realized in experiencing the existence of children without a penis. The little girl envies the penis of her brother or other boys (penis envy).

In the intrafamilial relationship the small child discovers more and more evidence of the fact that he has to share his mother with the family of which he is only one, and not even the most essential part.

THE OEDIPUS COMPLEX

The struggle for the exclusive possession of the mother or father respectively creates not only more or less violent sibling rivalry, but brings the child into inner conflict with the parent of the same sex. This is not a simple feeling because the child dearly loves and admires at the same time the very parent with whom he competes and whom his hatred makes him wish to eliminate. This complex of conflicting, regularly associated emotions in children at the age of 3 to 5, is called Oedipus complex. This complex of ideas and emotions becomes repressed, forgotten, because of the impossibility of its gratification and also as the result of a second complex, which we described above and which psychoanalysis calls "castration complex".

To recapitulate, the stage which is called the phallic stage of development is characterized by physical love and desire for the parent of the opposite sex and physical hostility towards the parent of the same sex. This occasions castration fear which is the motor for repression. In normal development the phallic phase ends in the giving up of one type of satisfaction, namely the grossly physical one, for so-called sublimated, tender socially accepted feelings.

Freud says: "The nuclear complex of the neurosis is the Oedipus conflict" and indeed the normal outcome of this all important natural conflict of child-

hood is dependent upon a number of factors which we cannot cover fully in this chapter

THE PERIOD OF LATENCY

If the renunciation succeeds, "an important step towards cultural adjustment is fulfilled, the amalgamated love and aggressive tendencies are extended beyond the family" and the so-called latency period or school child period is attained

The period from the fifth, sixth or seventh year up to pre-adolescence (twelfth or thirteenth year) is mainly devoted to the amplification of the ego by perfecting the ego's synthetic functions and intelligence, whence during the latent period it has a relative respite from the onslaught of objectionable impulses from the id.

We discussed some of the aspects of too early and too strict super-ego development. But we have to mention here that *incomplete or defective super-ego* development can also occur if the parental images are insuitable—in case of a drunkard abusive father, or a neglectful or domineering mother. As the super-ego consists of *partial* identification with (introjection of) the parents, that is to say particularly of the sublimated traits of the parent of the same sex (excluding sexual identification) with him, the normal super-ego formation will greatly depend on whether or not this particular parent is a suitable image for ego-ideal. By gradual integration of the demands of the extended environment the super-ego is consolidated

The normal repression of the objectionable impulses is insured by so-called normal defensive measures, or normal reaction formations: moderation in place of previous greed and insatiability; cleanliness and neatness instead of pleasure in dirt, modesty instead of pleasure in showing his body, etc. The child sublimates the violent passions, destructiveness and obstinacy for tempered competitive spirit, and his sex curiosity for desire for knowledge.

This at least is the ideal situation.

In the age of predominant authoritative super-ego education all the above enumerated normal reactions tended to be instituted over-strongly. The latency period very often reached children prematurely, and the immature weak ego was crippled by the precocious cruel and overstrict super-ego.

At the present time, in contrast to the former trend, the development, which should result in normal latency is often not completed at all. There are indications that the new trend in education may be responsible for the incompleteness of the necessary repressions; in fact so much so that many authors go so far as to doubt the veracity of latency period as a normal biological genetic phase of childhood.

THE PERIOD OF ADOLESCENCE

The last period of childhood development: adolescence begins when the maturation of the sex organs, an increase of hormonal processes of the body

cause renewed relative strengthening of the forces of the id, and reach at 13 to 17 a great increase of the sexual energy. In somatic development, the pre-adolescent period (from 11 or 12) is marked by gradual appearance of the so called secondary sex characteristics. The ego during adolescence has a hard enough task to keep the upsurging impulses and repressed objectionable affects in check. In addition, however, it must at the same time struggle with the individual's highly developed moral feelings (super-ego). Every adolescent's ego is relatively imperiled and it is difficult to prophesy the outcome of the struggle because the objective evaluation of the ego's strength during adolescence is very difficult. Generally speaking, adolescence is characterized by exacerbation of the specific conflicts and specific fears which dominated the development of the individual adolescent earlier in his childhood. Decomposition of the hitherto amalgamated love and aggressive instincts occur in puberty easily and account also for the renewed ambivalence, moodiness, apprehensiveness and great emotional instability. We find violent, demanding, petulant, grossly sexual as well as ascetic behavior, passionate as well as shallow and changeable relationships. Adolescence is marked by added exaggeration of the specific defensive attitudes and mechanisms (reactive obstinacy, warding off fear through aggression, bashfulness, self-consciousness, denial, replacement by the opposite, etc.).

Adolescence should end in post-ambivalent love-relationship displaced from within the family onto love objects outside the family. The problems of adolescence, from the psychoanalytic point of view, are covered so competently by A. Freud's book, "The Ego and the Mechanisms of Defense", chapter: 3, that I may refer to this book and proceed to the last paragraph.

THE APPLICATION OF PSYCHOANALYTIC THEORY TO PREVENTION, DIAGNOSIS AND TO INDICATION FOR THERAPY

PRIMITIVE AND CULTURAL REALITY ADJUSTMENT

Freud's theory implies that growing up is a learning process, and a very complicated one. We saw that bringing up from the cradle to maturity has two general aims,*

1. to render the child able to cope with reality, so called primitive reality adjustment, and
2. to adapt the child to our cultural society.

We saw that the child's (ego) capacity to bear tension, to be able to wait, was the prerequisite for the first, whereas the child's emotional relationships in his early years of life were indispensable for attaining the second goal.

The first aim of bringing up cannot be separated from the second one. In both instances the aim is to replace indiscriminate pleasure hunting, without

* Aichhorn, August: *Wayward Youth*, Viking Press, New York, 1935

regard for the consequences, (biologically prescribed pleasure principle), with behavior that takes into consideration the lasting advantages of an action (reality principle).*

In their *conscious* efforts, the child's most important guardians, the parents, may have three main tendencies in bringing up their children:

(a) to deny instinct gratification as soon as possible and as strictly as possible.

(b) to grant the child as much freedom of expression of infantile pleasure and aggression as possible with the hope and expectation that this childish behavior will give way to more reasonable conduct when the child will have had enough of it.

(c) to plead with the child in order to appeal to his sensibility and reason with him which, unfortunately, is impossible at a time when he is in the prime of his infantile pleasure seeking; for the sake of our culture, however, he has to be trained before his intellectual development can grant him sufficient insight to recognize the necessity of such sacrifices (renunciation of infantile pleasure, control of his naughtiness, etc.).

Generally, old-fashioned parents consciously choose the first type of bringing up which in psychoanalytic terms we may call super-ego-education, meaning authoritative and restrictive. In evaluating the influence of authoritative education upon the child's personality development, we have to ask ourselves what happens in the child's mind when his aggressive and sexual expressions are inhibited too strictly through external pressure. It is obvious that, provided the relationship with his mother began favorably, the child will wish to comply and will want to inhibit aggression, as well as disapproved sexual expressions, as much as possible. Consequently his ego—upon the development of which depends the capacity of the entire personality—will have to use much of its available strength for inhibition of the instinctual demands. The child will be good but at the same time inhibited, his conscience will develop surprisingly early to the great joy of the old-fashioned parents (precocious super-ego-development), but at the cost of greatly endangering his own future happiness and creative capacity.

After sketching briefly in a schematic and therefore, of course, oversimplified and one-sided manner the old-fashioned authoritative method of bringing up children, let us proceed to modern progressive rearing.

When the knowledge of Freud's discovery that maladjustments and neurosis had their roots in childhood difficulties, permeated, through pacific penetration, to "modern families", they tried hard to do away with the old-fashioned method of denial and prohibition. As a result the gratification of infantile aggression was permitted in excess because of the mistaken principle that interference with the child's self-expression (frustration) would be dangerous to him.

* Balint, Alice: Versagen und Gewahren, Zeitschr f psychoanal Pädagogik, 1937

If we try to evaluate what happens in the mind of a child who is brought up by the principle of "let him alone" and "don't interfere with him", we again have to consider the ego's position, which bears the burden of the task of adjusting to the reality principle. If instinctual infantile expressions are granted too excessively, they easily become not only unmanageable to the ego, but necessary renunciations will not take place and in consequence normal repression, which has to occur sooner or later in various ways in exchange for sublimation in every culture if the child is to adjust happily to society, will be incomplete. The ego of the child will have no chance to learn to control his drives gradually and hence will remain weak and unable to keep the impulses from the access to motility and to inhibit the strongly impulsive acts. Hence with the modern progressive method in its exaggerations the child's ego never really succeeds in forcing the reality principle upon the id and even though super-ego development, as far as ego-ideal is concerned (favorable parental images), has a good chance to develop, that will not add to the capacities of the ego but rather will increase the tension between the ego and the super-ego, the tension being felt by the individual as conscious and unconscious guilt feeling. Freud* stressed the fact that the strictness of the super-ego is by no means entirely dependent upon the strictness of the external objects (parents) with whom the child later identifies (introjects) but that it depends also upon the violence of his aggressive impulses against them. That would mean that the more aggression a child is permitted to exercise, and hence develop, the more he may fear the talion law and be afraid of retaliation by the parents. At a certain point he may erect a more strict super-ego than his ego can stand without damage; impulsive acting out with consecutive guilt-feeling will be the result, and/or social maladjustment. The outcry of a seven year old youngster, who was brought for guidance because of incipient delinquency (stealing, exhibitionism, hurting other children continually) illustrates the error made by this so-called modern education. When exhibiting his peculiarities on open school day in an effort to disturb the visiting parents' good impression, he was reprimanded by the teacher repeatedly and exclaimed: "Do not interfere with my self-expression!" This obviously was not his vocabulary, but a saying which, in all probability, he had heard many times uttered by his parents.

A better understanding of the functions of the ego makes us more and more aware of the earlier mentioned fact that the ego's strength to control, to be able to stand more and more tension, furnishes the ego a specific pleasure in its own functional capacity. This, as we have discussed, cannot occur neither with the first nor with the second method in an optimal way.†

* Freud, "Our Culture and its Discontents"

† Balint, Michael, *Ego Strength and Education of the Ego* The Psychoanal Quarterly, Vol XI, 1943

Goldstein, Kurt, *The Organism*, American Book Company, New York, 1939

COORDINATION OF PSYCHIATRY, EDUCATION AND SOCIAL WORK

We have learned that traumatic experiences, undue pressure in upbringing, as well as unfavorable intrafamilial emotional balance are all important etiological factors in the pathogenesis of mental diseases, hence child psychiatry, as well as education and social work, have been coordinating their efforts to eliminate as much as possible undue external pressure and anxiety development in the child. Also part of the school system has adopted more or less tacitly the principles derived from Freud's theory of education

In guiding the normal child, according to Anna Freud and her co-workers, one should put as much emphasis as possible upon sound ego-development. This would mean that the ego should have the opportunity in the educational process to learn gradually to stand tension, to renounce adequately more infantile ways of sexual gratification and to be able to master the normal amount of anxieties which growing up entails.

We have discussed the conscious effort which the educators (parents and teachers) of the child make in helping him in the growing up process.

THE FIRST RELATIONSHIPS

Educational success, however, will depend less upon conscious efforts than upon the child's first relationships with his parents, particularly his mother. The newborn, as we have seen, has a libido reservoir at his disposal (narcissistic love).

From the reservoir of primary self-love certain quantities are sent out like pseudopodi of a little protoplasmic animal to reach the object (mother).

There is no unanimity of opinion whether or not this "primary object love" is already bound to or conditioned by a special person. Undoubtedly a "mothering" substitute can the easier be replaced without harm the younger the infant is. But the fact gradually fights its way into clinical pediatry, that the child from the very first day of his life needs not only food and hygienic care, but also in order to thrive he needs to be nursed with emotional warmth. We definitely know that after the first year, probably much earlier, the relationship is anchored in one person and if such a mothering object is not available or if her presence is uncertain, or if foster mothers are changed frequently, or if the mother herself repels the reaching out libido of the little child (unconscious or conscious rejection) then the pseudopodi are withdrawn. In these cases the libido has to remain within the child to an extent greater than ordinarily required for optimal self-love and is used up for self-love only (egoism). This implies that the most useful energy source for educating the child to become a social being is unavailable. Such a child remains self-centered and lacks the capability of establishing solid social relationships. For him there is no opportunity for altruism and no love attraction in the outside world and hence no motivation for the renunciation of his own ways of aggressive and erotic

gratifications Narcissistic libido retains the infantile tendency to choose autoerotic pregenital avenues of gratification and seems to be less suitable for amalgamation of aggression.

It is a deep misunderstanding of Freudian theory to think of libido as essentially and exclusively destined for procreation. Although the biological aim is propagation, man in our culture utilizes libido as the energy supply for all pleasures in life, high and low, and the dynamic force for all human relationships. In addition, as we have heard, object libido neutralizes surplus aggressive drives.

We have described the ego's task in repressing objectionable impulses and making sure that they do not return into consciousness again. We have seen that normal repression is a solution of conflict necessarily caused by the requirements of our cultural reality enforced by the parents and inescapable if the individual is to attain future happiness as a social being as well as efficiency and creative capacity in his life struggle. In the case of impaired object-relationship there is no available dynamic energy to institute this repression, and an asocial state persists.

In the case that object-relationship started normally, there may occur the other pathogenic situation in which too much external pressure (educational pressure) is imposed upon the weak ego of the little child (see foregoing chapter) and the further weakened ego can neither control the id, nor live up to the moral standards set by his parents.

The ego in general is only able to delay gratification and redirect it into better adjusted or socially more acceptable channels, gratification cannot be renounced altogether. Whereas in the former case redirection of the libido into socially acceptable channels fails to occur, in the case of too much educational pressure (closing avenues too early, too strictly) the instinctual energy is dammed up and the ego feels the danger signal: anxiety. Stronger and more pathological defense mechanisms are set up by the ego to help the repression, which result in further impoverishment (weakening) of the ego. Finally the ego is no longer able to hold the upsurging instinctual impulses in check, and as anxiety is most difficult to endure particularly for the weak ego of a child (worse than pain), symptom formation results. In the symptom the objectionable contents of the id, by deceiving the ego and passing through underground channels reach distorted gratification and the super-ego has been bribed by the punishment character of the symptom (for example, tic, stuttering, neurotic type of enuresis, etc.). Hence in the final analysis anxiety is the motor for neurosis.

DIAGNOSTIC CONSIDERATIONS

In all clinical work we take pains to bring diagnostic order into our material, generally by classifying typically related disturbances in disease entities (nosology). Freud contributed numerous papers to the classification of mental diseases, without, however, putting too much emphasis upon nosological classification.

Psychoanalytic child psychiatry tends to depart even more from nosological classification in favor of determining rather the predominant dynamic trend of the case in question. This is done for the following reasons: somatic disturbances are detected by signs and symptoms, mental disorders are assumed if the child's behavior diverges from that of the average normal child's of the age group in question. But we saw that even the normal child within a relatively normal environment will show in the course of his development unusual defense mechanisms or even *temporarily* mild reactions like anxiety states, temper tantrums, phobias, tics, habit disorders, etc., which are hard to demarcate from pathology. It is only the quantity and duration of the deviation from the norm, and the relative irreversibility of the symptom by environmental or superficial handling which indicate psychopathology. Furthermore the weakly organized personality of the child is not suitable for the establishment of so-called systematized (formal) psychoneurotic diseases.

In the dynamic genetic sense we can see, as indicated above in this chapter, two main trends of pathological deviation

1. too much repression, resulting in the damming up of instincts, and neurotic disturbance,
2. too little repression, causing faulty amalgamation of aggression, and faulty integration of infantile sexual drives, defective super-ego development and the tendency to act out the unsolved conflicts against the parents and later on against society (impulsive character, latent and manifest delinquency).

It is evident that both schemes of development have as their pathogenic basis a conflict situation. In neurotic disturbances the ego succeeds in reaching a compromise solution, albeit a pathological one, as symptom formation. We have described, how, in the symptom the ego is deceived by the id and appeases the super-ego by the self-punishing value of the symptom. In social maladjustments (impulsive character formation as well as delinquency) the ego is unable to ward off the violent infantile affects. These will overrun it and will force their way into antisocial hostile acts, facilitated by the defective super-ego (conscience). It is readily understandable that all kinds of individual variations and combinations of the two different kinds of mechanisms can be seen in our clinical work

ACTING OUT VERSUS AUTOPLASTIC TRANSFORMATION

In children the next diagnostic question will be

- (a) whether the conflict is still existing between the instinctual impulses overpowering the ego and acted out in the outside world (parents), or
- (b) whether it is internalized whence it exists between instinctual drives and other parts of the personality, and reaches an autoplasmic solution within the boundaries of the individual personality

* Hartmann, Heinz Psychoanalysis and the Concept of Health, *Int J Psychoanal.* XX, 1939

What is called "primary behavior disorder" and "conduct disorder" according to this conception would be a precursor to either *neurosis* or *delinquency*.

Psychoanalysis has revealed that a person's character, as well as neurotic and social maladjustments, is the result of complementary interplay of constitutional and environmental factors (*Ergänzungsreihe*). Hence a few words remain to be said about the family being the matrix in which the individual experiences of the child occur.

UNCONSCIOUS MOTIVATION OF FAMILY ORGANIZATION

Psychoanalysts conceive of the family unit not merely as an artificial group of individuals, who deliberately choose, because of conscious affection and common interests to live together, but more than that as a closely knit emotional organization of persons who have been attracted to each other and are held together by complementary unconscious motivations. The subtle immanent capacity of man to react to his fellow man's unconscious (empathy) and to sense those to whom he has, so-to-speak, unsaturated affinity (unconscious attraction), is especially important in the case of neurotic marital partners. Neurotics have this sense particularly strongly developed, and complement one another in their neurosis. In such cases of intrafamilial psychopathology the family is held together by a pathological emotional balance, which is easily disturbed. The child often will have to restore the pathological balance in such families. He has not only to fit in with the conscious expectations and educational goals of his particular family, but he will have to react to preformed unconscious attitudes and affective patterns. Furthermore the child is often used unconsciously to fill out (cement) the lacunae in the unfulfilled emotional (libidinous) relationships between father and mother, and siblings and elders respectively. The small child's personality is extremely plastic and is molded, if one may use this static picture, by the cleft pattern. That implies that psychotherapeutic procedures of the child will act immediately upon the intrafamilial psychopathology as well.

THE CHILD'S ROLE IN INTRAFAMILIAL PSYCHOPATHOLOGY

The "negative therapeutic reaction" of the family at an earlier or later stage of psychotherapy with the child, we can understand in terms of intrafamilial dynamics. When the child as result of the treatment tends to become healthier and thus give up the role that he played in the intrafamilial pathological balance, the family members feel apprehension and consciously or unconsciously become defensive against further interference (one might assume here that a collective *repetition compulsion* is at work).

CONSIDERATIONS FOR THERAPY

The steps which psychoanalytic theory suggests in child guidance procedure are:

1. diagnosis of the child's difficulty in terms of dynamics in order to establish whether the conflict is predominantly acted out or whether it is autoplasic within the child's own personality.
2. evaluation of possible or obvious intrafamilial psychopathology, of the positive and the negative forces in the family unit;
3. in the case of conflict between the child and its environment ("primary behavior" and "conduct disorder") determination of the severity of the intrafamilial psychopathology, and the prognosis of the case if the child has to be treated within the family. In the case of small children we often prefer to handle the child mediately through treating the mother, or to treat child and mother simultaneously

If placement seems unavoidable, provision should be made that the child will not have the opportunity to repeat his pathological pattern reactions by establishing similar relationships in the new environment (repetition compulsion).

In the case of internalized conflict of the ego sandwiched in between id and super-ego, evaluation of the ego's capacities, of the severity and individual dynamics of the childhood neurosis is indicated. This will prescribe the type of psychotherapy best suited for the individual case. The latter question will greatly depend upon the particular childhood period (*relative strength of the ego*), as well as the presumable cooperation of the environment (Play therapy, relationship therapy, release therapy, and many other combinations are advisable where indicated.) The Freudian school of thought does not advocate (at least not the Vienna school) child analysis for minor disturbances or such whose recovery may be expected in reasonable probability through less deeply affecting psychotherapy and more economic (as far as effort, time and money are concerned) therapeutic procedures. On the other hand, we believe that in the case of severe fully developed infantile neurosis (with no reversibility potential) child analysis is the "therapia magna", that is to say the therapy which not only attacks symptoms but eliminates the pathogenic agent as well. Nevertheless the indication for child analysis is dependent upon a number of indispensable prerequisites: the availability of well trained child analysts, very cooperative environment, beside time and social economic factors, which in relatively rare cases are present altogether and which for the time being will greatly limit the number of cases that may benefit by it.

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ALFRED ADLER'S VIEWPOINT ON CHILD GUIDANCE

By

ALEXANDRA ADLER

SHORTLY after the first World War, in 1919, Alfred Adler started the first child guidance clinic in Vienna. At the time he had the cooperation of the post-war government which endeavored to increase activities promoting the standard of living, particularly in the socially lower classes.

Within a few years the number of child guidance clinics had increased to its maximum of almost thirty clinics in Vienna alone. This was followed soon by the establishment of additional guidance clinics, first in Germany and then in several other European countries.

These clinics usually had some connection with public schools. Some were connected with private charitable organizations. After Alfred Adler arrived in the United States in 1926, he and his pupils conducted clinics at various places.

Since Alfred Adler's death in 1937, the work has been continued by his pupils. It is usually done at the place where the individual psychologist works, in a general hospital or psychiatric department. At present the two most active individual psychologic groups are in Chicago and New York.

A special feature of the Viennese guidance clinics were the school guidance clinics, eleven of which were being conducted by 1928.* The class teacher of the child gave the case history and described in detail the problems which the child presented. Alfred Adler or one of his pupils then interpreted the case. The audience consisted of the teachers and superintendents of schools in the district. They participated in the discussion which followed. Then the individual psychologist spoke to the child and to the parents and relatives. This was usually done before the same audience, though the procedure varied in the individual cases. The teacher was then entrusted with the further handling of the child. Eventually the case was discussed again before the same audience.

* Seidler, Regine. School Guidance Clinics in Vienna, *International Journal of Individual Psychology*, 4, 75-78, 1936.

Kramer, Hilde C. The First Child Guidance Clinic and its First Patient, *Individual Psychology Bulletin*, vol. II, No. 2, page 32, 1942.

In the other child guidance clinics the staff consisted of a physician and a psychologist, both of whom were trained individual psychologists. These clinics were also used extensively for teaching purposes, since there was always an audience consisting of people who were being trained in individual psychology. The treatment was usually done by the physician, the child coming for treatment once or a few times during the week. The case and its progress were discussed with the audience. Children under twelve years of age hardly ever resent the presence of an audience. Moreover, in many cases it may be considered beneficial if the child notices that his problems, though practically always directed against his family, actually present a problem pertaining to the whole community. This may increase social interest in the child and enlarge his viewpoint.

Almost all the work was done free, only occasionally some small sums being available for payment of secretaries or psychologists.

In Austria all child guidance clinics were closed after the civil upheavals in 1933 and 1934. Soldiers started parading in and about the former guidance clinics. Upon protest the official answer was that enough child guidance had been done hitherto and that different things were needed now. Also, too little had been done and it had been started too late to save the present generation from catastrophe.

It is natural that individual psychology has developed a great deal of interest in child guidance activities. Individual psychology is social psychology inasmuch as the assets as well as the failures of men are interpreted and evaluated in their relation to the evolution of mankind. It is, therefore, self-evident that preventive measures were always in the foreground of individual psychological activities. The main point in child guidance is realization that all children that give trouble, have trouble. The child himself suffers and feels a stumbling block that prevents him from joining normal activities. His reaction is the answer of a person who feels unable to find a positive solution to certain problems. His neurotic symptom or behavior difficulty is the mistaken answer to an unsolved problem. It is his mistaken idea of success. His goal is the overcoming of an inferiority feeling. This is a normal attitude as long as the solution lies within goals acceptable to the community. A child that shows by his actions and thought that he cannot conform with the interest of his community presents a higher or lower degree of despair with himself and loss of hope to become a useful member of society on an equal footing. To find out what made him despair, to make him realize his mistaken conclusions and to help him in building up solutions which equally mean success to him and conform with the welfare of the community is, generally speaking, the aim of child guidance expressed in individual psychological terms.

Here it would be well to enlarge on some of the points which have been elaborated by Alfred Adler and his school and which have found wide recognition and use wherever child guidance is done. The large amount of case

material that soon collected crystallized into three main groups of children contributing most to the difficulties encountered. These were the pampered, the unloved and the children with an organic inferiority. The largest group is that of the pampered. Because of the great deal of attention paid to them they feel as if the world were revolving around them. They consider that life will bring them a fulfillment of all their wishes. This they conclude from the attitude of their environment which is over-anxious to comply with their demands. As long as they are still in their sheltering environment they may not present difficulties, but any change may bring the wrong development into the open. This can happen early, for instance at the arrival of the second child, with whom the first and hitherto pampered child has now to share his sphere. The same reaction may occur if a child has been pampered by a nurse who later leaves the child. Then the child frequently feels deserted and is unable to cope with the withdrawal of love and attention. The child may be pampered by his grandparents. Grandparents frequently tend to overstress their importance for their grandchildren. It is unfortunate that present day life does not provide sufficiently suitable places for the old. This causes the over-emphasis that many older people lay on their relation to children. In many children difficulties will appear only when they leave the sheltering atmosphere of their family. Then they will experience life as too hard for them and are likely to break down when faced with average difficulties. From the child's point of view it is a greater advantage if the difficulties appear early in life. Then the child himself is usually able to make some adjustment to reality. This happens in a great many cases; otherwise the majority of mankind would experience breakdowns. In later life when the pattern is already formed, the individual is rarely able to correct his mistaken attitude by himself, but also in the hands of a psycho-therapist the correction is much easier and takes less time when undertaken with the young than when treatment is started with the adult.

An interesting reaction of a pampered child is shown in the following case history that was handed over to me once by a man from the audience. It reads as follows: "My son is five years of age, a third child in a family of four. When he was two years old he lost a very much loved nurse who had worshipped and spoiled him. Shortly afterward the fourth child arrived. At about the same time he turned against his mother who, owing to the pregnancy and birth of the child, was unable to pay much attention to him. He had always wetted the bed and this gradually became worse. He also presented other symptoms, such as writing all over the walls of the house. One morning he awoke in a dry bed and was very interested in this but as no one took any notice, he took a glass of water and carefully wet the bed." He had been pampered by his nurse whom he lost at a critical moment. He was to be dethroned by a younger arrival. It may be necessary to call attention to the fact that children start giving difficulties not only just after the younger sibling is born. Very frequently they develop problems a few weeks earlier than that. The reason

is that the child quickly notices that the mother does not pay him as much attention as before, since her mind is preoccupied with the expected arrival of her infant. Children are hypersensitive to such events. This time sequence is sometimes puzzling to relatives, who may point out that problems which the child presents could not be connected with the arrival of the younger sibling since they developed a few weeks earlier. The boy now started to use bed wetting as a powerful weapon. The result of continuous bed wetting is practically always that the child keeps the parents busy at night as well as during the day. This certainly seemed a successful enterprise to this boy, who felt threatened by loss of love and attention from both his mother and his nurse. The same attitude is shown by his writing all over the walls of the house. The result was that wherever one looked one was reminded of his presence. One can understand how much his failure, the continued bed wetting, meant success from his point of view from his reaction when he had a dry bed one morning. This event meant failure to him and, therefore, he corrected it by wetting the bed. It is understandable that so long as a child has a positive interest in the continuation of his symptom he will not develop mechanisms suitable for changing it. His mind as well as his body will not work for a change. That is also why unconscious mechanisms, such as bed wetting, do not cease so long as the child does not see any advantage to him if he should change. Knowing where the difficulty lies, the child's attitude can easily be corrected. The child has to be shown that he can be successful in a socially acceptable way, too. Suggestions, as for instance having the child watch out for his baby sibling, report when it cries or has wet itself, getting him interested in the right temperature of the milk bottle, etc., will prove valuable adjuncts in adjusting the child to the new situation to his own advantage.

The group of children that are actually unloved or even hated does not seem to be very large. They occur chiefly among illegitimate children. Here it frequently looks as if the mother was blaming the child for its being illegitimate. The prognosis with such children is very poor. Every child has to learn cooperation by experiencing a thoroughly reliable companionship. If they lack this experience, as happens when the mother is hostile, they consider themselves as living in an enemy's country where they have to fight society if they are to survive. From this group a large percentage of the later criminals is recruited. One has to keep in mind, however, that the same effect may be brought about if children consider themselves hated. The important facts are not realities but what the child believes to be reality. This should be kept in mind in order to abstain from too much collecting of material and fact finding. In this endeavor one can frequently make the sad observation that one factor was forgotten—the child and its creative abilities. Facts do not count as much as how the child reacts to them.

The importance of physical handicaps for the development of the character was elaborated first by Alfred Adler in his study of the inferiority of organs

and its psychic compensation.* In this book he developed several ideas of what has lately been called "psychosomatic medicine". He showed that a physical handicap always influences the development of the character. However, the way in which an individual reacts to the handicap depends on his early training and influences. A courageous child will be stimulated by his physical inferiority to try to overcome it. This is the way children develop: they are inferior to adults in most respects. Realizing this stimulates them to train their abilities until they have reached or even surpassed those of the adults. However, some children develop the idea that they can never equal adults or even other children. Such a defeatist's attitude may be caused by a brilliant older or younger sibling, by discouraging remarks or actions of his parents and so forth. In the same way the child will react to an organic inferiority. One of the most frequent "inferiorities" is left-handedness. Our present day culture is right-handed. We have indications that this was not always so. Excavations prove that there were times when the main tools were produced for the use of the left hand. We do not know what has changed this culture. At the present time, left-handed people are at a definite disadvantage, at least at the beginning of their careers. The way left-handed children deal with this situation varies greatly, as is commonly known. It is questionable whether present-day endeavors to train such children to use their left hands where right-handed children would use their right hands are beneficial. The suggestion that changing a left-handed child over to the use of his right hand may produce stammering could not be proven. It would be a very unusual effect on brain hemispheres to react as if there were a lesion simply because the kind of use of one extremity was changed. One may, however, observe that some left-handed children who present exaggerated difficulties in using their right hands will also develop stammering. In these, stammering as well as their exaggerated difficulties in manual ability are neurotic manifestations. They hesitate in their adaptations to normal manual activities and, as expressed by their stammering, hesitate in their verbal contacts, too. We never find only one neurotic symptom in an individual. He is a unit and all his expressions can be summarized in a few headlines if one understands his pattern. From the viewpoint of the individual psychologist, a left-handed child would be trained to use his hand in the same way as a right-handed child. At the same time, additional encouraging training to improve manual ability may be given, if necessary. History has given so many examples of compensation and over-compensation of inferiorities that it seems superfluous to quote them again. Examples of orators who had been stammerers in their childhood, left-handed sculptors and painters, deaf or nearly deaf composers, near dwarfs who won races in running or sprinting, crowd the books. This, however, was not always so familiar a subject. It was formerly taken for granted that the person with the best physique would also yield the best results. Even today, if Demosthenes or someone like him would

* Adler, Alfred. *Studie über Minderwertigkeit von Organen*, Vienna, 1907.

go to a vocational guidance clinic he would be given the advice that, because of his stammering, he should choose a profession where he would not have to use speech. Fortunately, Demosthenes would not have used the advice of such clinics. He trained himself until he overcame the difficulty

All this does not mean that superior results can be achieved only by over-compensation of an inferiority. They are, however, always the result of increased and superior training. It seems self-evident that in many instances this increased training was suggested to the individual through his concern over his shortcomings.

Another point that has been elaborated by Alfred Adler and his pupils is the importance of the position of the child among his siblings. Before these investigations were made not much attention had been paid to the fact that children from the same family all develop in different ways. According to his position among the other siblings, each child is faced with a different problem. Therefore his answer will also differ. We can understand his answer only if we realize the difficulty with which he is faced. The oldest, for instance, surrounded by his younger siblings, is given more authority and is expected to be more resourceful than the others. In later life he frequently has a tendency to continue this pattern. He frequently will expect others outside of his own family to recognize his authority. He will thrive where his authority is taken for granted. But, unaccustomed to subordination, he may lose his composure when he has to fit in as equal member in an organization. This may lead to an early development of neurotic manifestations, as for instance anxiety spells in young adolescents when in a crowd, in the classroom, dining room, or at a party. Sometimes the oldest, for whom there may have been great expectations, will be overrun by a vivacious younger sibling. In this case dangerous results may ensue. The oldest may look for a different "success". He may start off on a criminal career when he feels without hope for appreciation in school and at home, all the praise being given to the youngest sibling. Such a case was recently seen and discussed in the oldest of eleven brothers and sisters. He was the only one in the whole family who developed into a criminal.*

The second-born is frequently actively fighting authority. Ahead of him, as a constant challenge, is the oldest sibling. Extreme jealousy may develop in such children. They will be hypersensitive against the possibility of being slighted. They will always look around to find out whether they get as much as the others. They will fight for equality, which means fighting against the authority of the older sibling. This attitude may be continued in later life and can be traced in certain historic figures that sometimes fanatically worked and fought under the slogan of "equality". Their ambition may bring about serious trouble. They often develop into the type that strives to have what he sees another has, whereas other things do not seem desirable to him. He will, for instance, have social difficulties, since he will be desirous never to be left out of any gathering,

* Adler, Alexandra. *Guiding Human Misfits*. Macmillan Company, New York, 1938, page 47

but will not develop a circle of his own friends. Such individuals are not popular since they are social parasites and their jealousy is a disturbing influence. However, all these ambitious trends of the second-born can easily be diverted into useful channels if recognized early enough. The child can be shown in many ways that he can find success and appreciation in a more satisfactory way by cooperation with the demands of his environment.

The figure of the youngest in the family has gained recognition in fairy tales and history. All through the ages it was observed that the youngest is frequently the most original in the family. He develops a pattern all of his own. Like little Hop O' My Thumb he frequently moves as if having seven league boots. In this way he over-compensates for being the youngest, shortest or weakest. Sometimes, however, he perpetuates the attitude of being the youngest and usually much-pampered member of the family. He may stick to his mother and not find a way out into life. Suitable measures can easily be taken whenever this is recognized in the child. Any increase in self-confidence will make it easier for him to develop into an independent human being.

Competition is usually excluded among twins. They have the same privileges and restrictions. What is of advantage for one is considered of advantage for the other, too. This accounts for the satisfactory relationship which is practically always prevalent among twins. This further demonstrates the importance of giving to each child the confidence that he is liked and appreciated as much as his other siblings, which will bring about the most satisfactory conditions for family life. Care should be taken, however, not to consider twins as a unit. In later life, when set apart, they frequently give the impression of insecure and timid individuals, as if they needed the support of the second twin.

The situation is easier for a boy if his sister is older than if she is younger. Adolescent girls behave as young ladies whereas boys stay clumsy for a longer time. Under such circumstances a boy may develop the impression that he is backward in comparison with his younger sister. Usually this situation can be explained quite frankly to the boy and he may regain self-confidence. Otherwise he will try to find a substitute by some detour into socially unacceptable activities.

It is of great importance to the growing child if he can consider his family as worth the expected cooperation. If this is not the case the child will develop aggressive rather than cooperative trends. This could be observed in some of the rather exceptional cases of recent child refugees that did not develop the feeling of belonging to their new family. The cause for this failure can alternately be found in the child, the new parents, or both.

A few problems may be pointed out in connection with difficulties arising in school. The usual complaints of the teacher are that the child is lazy, inattentive, interferes with the routine of the classroom and may be loud and boisterous. If an intelligent child is lazy it can usually be pointed out that he lost hope of being a successful student. No child actually enjoys being left

behind in his studies. The cause for his despair about himself has to be discovered. It is not always the home situation alone, although home circumstances have a much more decisive influence on the development of the child than any other outside influences. Frequently a change of school brings about a change in the child's record. He may study better or worse in the new school. Frequently his record gets worse when entering a school with a higher standard. In these cases one is usually dealing with children who expect that adjustments should be made for them instead of their making an effort to adjust to changed circumstances. Children who disturb the classroom routine by loud and boisterous behavior are usually children that are afraid to be overlooked and forgotten unless they make themselves noticed. They may be particularly short or homely, or consider themselves to be so. Their cooperation can be increased if they are assigned by the teacher to some special duties in the interest of the class. Some children always keep in the background and can hardly be induced to talk. Their school record is accordingly quite poor. Frequently a great deal of vanity is at the bottom of this trouble. They like to avoid any possible defeat. This can be done only, in their opinion, by avoiding any open criticism. By standing back they feel they have the best chance for success. This behavior pattern may form the basis of serious neurosis later. One finds it in the so-called "social neuroses", as for instance in erythrophobia, where young people avoid any social contact, excusing themselves with their fear of blushing. In this way they have retired from the firing line of life.

We judge a personality by its relation to the three main problems of life: friendship, profession and love. Social intercourse among children should be promoted. In addition to favorable influences from his family, satisfactory relations with friends will contribute best to increase his social interest. Special attention should be paid to the way the child relates to a future vocation.* It is a dangerous sign if a child beyond the age of ten would comment that he never gave a thought to what he wanted to be later. This shows a definite lack of interest in the welfare of the community, to which he does not feel that he has to contribute. Normal children consider it a privilege to choose their vocation.

Alfred Adler's Questionnaire, which was used in many child and school guidance clinics both in the United States and in Europe, is here inserted.

ALFRED ADLER'S QUESTIONNAIRE

For the Understanding and Treatment of Problem-Children

1. Since when has there been cause for complaint? In what sort of situation (psychic or otherwise) did the child find himself when his failings were first noticed?

* See Wexberg, Erwin, *Individual Psychology and Vocational Guidance*, *International Journal of Individual Psychology*, 3:73, 1936

2. Were any peculiarities noticed at an earlier age in regard to mental or physical weakness, timidity, carelessness, reserve, clumsiness, envy, jealousy, dependence on others when eating, dressing, washing or going to bed? Was the child afraid of being alone or of darkness? Does he understand his sexual role? Any primary, secondary or tertiary sexual characteristics? How does he regard the opposite sex? How far has he been enlightened on his sexual role? Is he a stepchild? Illegitimate? A foster child? Orphan? How did his foster parents treat him? Is there still a contact? Did he learn to speak and walk at the right time? Without difficulty? Was the teething normal? Noticeable difficulties in learning to read, draw, sing, swim? Is he particularly attached to either his father, his mother, his grandparents or his nurse?

3. Does the child give much trouble? What and whom does he fear most? Does he cry out at night? Does he suffer from enuresis? Is he domineering towards weaker children or towards stronger children as well? Did he show a strong desire to sleep in his parents' bed? Was he clumsy? Did he suffer from rickets? What about his intelligence? Was he much teased and derided? Does he show vanity in regard to his hair, clothes, shoes, etc.? Does he indulge in nail-biting or nose-picking? Is he greedy when eating?

4. Does he make friends easily? Does he show tolerance towards persons and animals, or does he molest and torment them? Is he fond of collecting or hoarding? What about avarice and covetousness? Does he lead others? Is he inclined to isolate himself?

5. With reference to all the above questions, what is the present position of the child? How does he conduct himself in school? Does he like school? Is he punctual? Is he excited about exercises and before examinations? Does he forget to do his school work, or does he refuse to do it? Does he waste his time? Is he lazy? How does he regard the teacher? Is he critical, arrogant, indifferent towards the teacher? Does he ask others to help him with his lessons or does he wait until he is invited? Is he ambitious in regard to gymnastics and sport? Does he consider himself comparatively untalented or entirely so? Is he a great reader? What sort of literature does he prefer?

6. Correct information about home circumstances, illness in the family, alcoholism, criminal tendencies, neurosis, debility, lues, epilepsy, the standard of living. Any deaths in the family, and how old was the child when they occurred? Is he an orphan? Who is the dominating spirit of the family? Is the home education strict, with much grumbling and fault-finding, or is it indulgent? Are the home influences such as to make the child afraid of life? What about supervision?

7. What is the child's position in regard to his place in the family constellation? Is he the oldest, the youngest, the only child, the only boy, the only girl? Is there rivalry, much crying, malicious laughter, a strong tendency to depreciate others?

8. Has the child formed any ideas about the choice of a profession? What does he think about marriage? What profession do the other members of the family follow? What about the married life of the parents?

9. What are his favorite games, stories, characters in history and fiction? Is he fond of spoiling other children's games? Is he imaginative? Is he a cool-headed thinker? Does he indulge in daydreaming?

10. Earliest remembrances? Impressive or periodical dreams about flying, falling, powerlessness, late arrival at railway station, anxiety dreams?

11. In what respect is the child discouraged? Does he consider himself neglected? Does he respond readily to attention and praise? Has he superstitious ideas? Does he avoid difficulties? Does he try his hand at various things only to give them up again? Is he uncertain about his future? Does he believe in the injurious effects of heredity? Was he systematically discouraged by those around him? Is his outlook on life pessimistic?

12. Are there other tricks and bad habits, e.g., grimacing, pretending to be stupid, childish, comical?

13. Has he speech disabilities? Is he ugly? Clubfooted? Knock-kneed or bow-legged? Stunted? Abnormally stout or tall? Badly proportioned? Has he constitutional abnormalities of eye or ear? Is he mentally backward? Left-handed? Does he snore at night? Is he remarkably handsome?

14. Does he often talk of his incapacity, his "lack of talent" for school, for work, for life? Does he harbor suicidal thoughts? Is there any connection in point of time between his failures and troubles? Does he overrate apparent success? Is he servile, bigoted, rebellious?

15. Name the things in which the child is successful. Such a questionnaire should not be used strictly in the indicated sequence but rather to check up as to whether any important question or investigation has been forgotten.

The observation of the factors previously discussed may contribute to the prevention of two dangerous lines of development: that into neurosis and that into criminality. These two types can be clearly traced back to early childhood. They differ from each other, though some of their features may overlap. As a child, the later neurotic has usually been quiet, peaceful, reserved, apparently easy to please. If he did not comply with what he was asked, he did so because he felt that it was beyond his possibilities. He early developed the neurotic style of "yes—but". With his "yes" he indicated that he recognized social demands and would be glad to oblige—"but"—, and behind this "but" he was hiding. He was building up excuses to show why he could not be expected to comply with the demands. In later life his excuses develop into the neurotic symptoms which act as safeguards to keep him off from the challenge of life.

Different from this is the early pattern of the later criminal. In childhood he does not accept the demands of society. He openly declines cooperation. He

offers aggression instead of cooperation. His style is a blunt "no". He fights for what he considers an advantage to him

Both the potential neurotic as well as the potential criminal child show a lack of social interest and an increased concern about their own welfare. Attention is called to the fact that not all children who present the pattern of the potential neurotic or potential criminal actually develop into neurosis or criminality. It is comparatively easy to change this development during childhood. Some children change by themselves when realizing that they can achieve even more success on a different line. With others, parents, friends and—last but not least—a psychotherapist may achieve a cure.

Theoretically, psychotherapy of children follows the same lines as that of adults. Of course, it has to be adapted to the age of the child. It is usually possible during the first conversation with the parents, the child or the teacher to find the important points that account for the child's trouble. The cooperation of the parents has to be won since they are the strongest factors in the child's life. People frequently ask how much should be explained to a child. The answer is that all that he can understand should be explained to him. It is self-evident that in the child of nursery age treatment has to be done in a play-like way, whereas in the older child verbal explanation can be used. From the beginning one should endeavor to increase hope in the child and confidence that he can do better, and to show him that this will be of advantage to him as well as to his environment. By all means the social interest of the child should be increased. Treatment takes less time than in the adult and the child can be seen at greater intervals than the adult. It is usually sufficient to see the child once or twice during the week since the parents still exert the stronger and more important influence. Experience shows that treatment is usually successful after a few weeks, or at the longest, after a few months.

In the following pages two examples are given, the first of a neurotic and the second that of a potentially criminal child. Both were patients of the Neurologic Department of the Boston City Hospital. In the follow-up of these cases and in our attempts to influence and educate the family of the patients, the Department had the cooperation of the psychiatric social workers, Miss Villa T. West and Miss Virginia R. Hannon.

INTERPRETATION OF CASES

1. A Neurosis in a Ten-Year-Old Boy.

Burt P., ten years old, has a six-year-old sister and three older siblings. The sister next to him is eleven, his only brother is twelve, and the oldest sister fourteen years old. He was brought to the Neurologic Department of the Boston City Hospital in January 1941 because of inability to walk on his heels. He was

well until February 1940, when his heels were hurt in a ball game. He walked on his toes for one month thereafter. A diagnosis of rheumatic fever was made and he was kept in bed for two months. He then walked normally until October 1940. In October he again complained of heel tenderness and walked on his toes from then on. As a result of this condition he always felt very tired. Most of the time he could not go to school and he never could join in the games of other boys. At the hospital no organic reason for the inability of the boy to walk on his heels could be found. But it was observed that the boy could stand and walk normally at times without the slightest hesitation. This was pointed out to him and his confidence was increased by making him gradually use the whole foot. After somewhat less than two weeks he walked normally.

A hysterical symptom is usually not difficult to cure, if one may call disappearance of a symptom a cure. In order to prevent the formation of a new symptom, insight has to be gained about the meaning of the symptom and the patient has to be re-educated. This was done with this patient. He was of short build, the shortest in his class. His older brother was tall, handsome, and got excellent marks in school whereas our patient was an average pupil. When Burt was asked to enumerate his siblings he named all of them except his brother. When his attention was called to this he remarked that he had just forgotten him. This indicates a conflict between him and his brother. The same mechanism can be observed during play technique where children, when asked to have their family presented by toy figures, frequently eliminate the one whose existence presents a problem to them. Both his older sisters were somewhat retarded, the next older sister attending the same class as he. His sisters did, therefore, not present any competition to him. With his brother he was fighting constantly. Burt remembered that shortly before his heels were hurt his brother said to his mother in front of him "Gee, isn't Burt short for his age?" This hurt him a great deal. At about the same time they started calling him "half-pint" in school. All this may really have happened at about that time. It may be that he was hypersensitive and therefore remembered these incidents better. We are now able to understand what it meant when, at about this time, he started walking on his toes: this made him so much taller. When asked whether he knew that walking on his toes made him taller, he immediately answered: "Oh yes, I get almost as tall as my brother". As always in the formation of a neurotic symptom, the patient did not understand its meaning without explanation. By walking on his toes he had found a way of overcompensating for his physical handicap—it made him taller. Such a condition is never the only symptom. We expect to find his striving to be higher, more appreciated, in other respects, too. It is not surprising that he wanted to become a pilot. When asked why he wanted to be a pilot he answered: "Because as a pilot you are high up, even above the clouds. I feel very excited when I think about being high above clouds." It is understandable that his competitor-brother had the same choice for his later vocation. When in the hospital Burt changed his mind and wanted to become a doctor.

He now had the following revealing dream: "He is a doctor with a big, big operation case. He starts to operate and a few doctors are assisting him. They are all shorter than he." This dream clearly shows his apprehension about his shortness and does not need any further explanation. Burt commented that in this dream he seemed quite handsome, whereas he thinks he is homely. Actually Burt was quite handsome but he was exaggerating his own difficulties as a result of his inferiority complex. Burt was always quite conscious of the fact that he was too short and that he desired to be taller than his other siblings.

Early recollections give an indication of where a person's special interest lay at that time. The patient's early recollections centered around fighting games. They were an expression of his apprehension when comparing himself with his fellows. After his discharge from the hospital he was asked to return a few times for psychotherapy. The following is a verbal reproduction of a part of the first conversation between the boy and the author which was taken down at the time.

Dr. A.: What do you think, why was it that you walked on your toes for almost a year?

B.: I don't know.

Dr. A.: What happens if I walk on my toes?

B.: You are taller.

Dr. A.: Sometimes people walk on their toes when they are afraid that they may be overlooked. We see this in children who have an older brother who is taller. Some children cannot stand this. They want to look as big as their older brother. Some children make other difficulties. What does your little sister do if she does not want to be left alone?

B.: She fusses around and is noisy.

Dr. A.: What do you do?

B.: I quiet her down.

Dr. A.: She may think she will be forgotten.

B.: We will never forget her.

Dr. A.: Of course not. But some children always feel that they need more attention. What do you like to do in your free time?

B.: I like to draw.

Dr. A.: Bring me some of your drawings next time. By the way, perhaps you can bring your brother too. It would be nice if you could get along with him better. You could have a great deal of fun with him.

A separate conversation was held with his brother and the result was that this intelligent fellow, quite impressed with the plight of his brother, changed his former indifferent behavior towards him. He encouraged Burt to join into his and his friends' activities and they soon became good friends. A year later Burt's difficulties had disappeared. He was on very good terms with his brother and was an active, happy boy. When asked what he thought about that year when he was walking on his toes he laughingly replied that this had been a funny time.

Summarizing, we had to deal with a boy who, under the impression of an organic inferiority, his shortness, developed a hysteric symptom as a neurotic overcompensation. He had to walk on his toes for almost a year. This symptom meant for him a way out of his difficulty inasmuch as it had made him taller. In addition, it had the same meaning as any other neurotic symptom. It entitled him to retreat from the possibility of further challenge and defeat. Explanation of the situation, better cooperation among the members of the family and re-education of the patient reestablished his mental balance.

2. A Potentially Criminal Five-Year-Old Boy.

Floyd G., five years old, has a younger brother, one year younger than he. When he was two years old, three months after the birth of his younger brother, his father deserted the family. The father had previously been sentenced because of assault and battery on the mother. He had frequently come home drunk and had been arrested many times for drunkenness. The mother is now legally separated.

The mother reported that until the age of about two, a time which coincided with the arrival of the younger brother as well as with the separation from her husband, Floyd had been a sweet and easily manageable boy. Since that time, however, he had been the "holy terror" of the neighborhood, fighting constantly, throwing rocks, biting and spitting at people passing by. He had occasionally stolen from stores and in that way had filled his pockets with peanuts and candy. The mother openly admitted that she preferred her younger boy, who is a quiet, unimaginative child, to the elder. She thought that the younger was superior in every respect to Floyd. She also thought that his behavior might have been caused by an insignificant fall on his head which he had experienced when two years old. To his younger brother Floyd was sometimes quite lovable but he usually took away from him everything that he could lay his hands on. The patient was brought to the Eye Clinic of the Boston City Hospital because he had suffered a corneal abrasion in one of his fights with children on the street. In September 1941 he was transferred to the Neurological Department as a behavior problem. From then on he was seen frequently in medical conferences and by the psychiatric social workers, and an attempt at re-education was made which, after seven months' observation, seems to have been successful.

When he was first seen he reported spontaneously that he had no father, but a tiny brother whom he did not like. At other times he remarked that he had a "bad daddy" who never came over to see him. During the first interviews, to which he always came accompanied by his mother, he was extremely aggressive. He spat around, threw furniture and smaller things to the floor, pulled and bit several persons. Occasionally he staggered around, shouting that he was drunk. The latter event quite clearly indicates that his father's misbehavior had impressed him considerably. Whenever an attempt was made to go through with anything against his will, the patient developed violent temper tantrums. He frequently decided that he did not want to leave the consultation room. When

his mother tried to make him leave he got furious, and knocked things to the floor. Whenever he was asked about the cause of his aggressiveness, he answered, "I just wanted to". This is a typical reaction of criminals and also is the attitude which we find during their childhood. They apply their own, private logic to society. What they want they try to achieve regardless of the misery that may be inflicted upon others. They feel that their own success can be achieved only by rigorous suppression and even extermination of their fellows. In history, such is the character of these national leaders who have contributed to the recurring catastrophes that strike mankind.

Floyd's aggressiveness was shown in every respect. Whenever he was given toy figures, he killed them all off. Sometimes he asked that somebody draw a picture of a little boy or a little girl; he then killed them off, erasing limb by limb. In the same way as adult criminals, he felt that he had to get everything that he wanted. If he could not get it, he would fight for it. One day when asked about some scratches on his face he reported that he had seen a toy automobile in the possession of some children and that he had taken it away. The children, however, had fought him to get it back. He considered it quite natural that he should try to get the car, but he felt outraged that the children fought him for it. His dreams centered around similar subjects. One time he dreamed that a man took a penny from him and he killed the man. Apparently he was ready to inflict any punishment if he felt in the least slighted. One should not make the mistake of considering all this as courageous behavior. Such children, as well as adult criminals, live in constant fear that someone may prove stronger or smarter than they, and that they may be caught. Accordingly, Floyd was very frightened when on a visit to the Zoo, he heard the roaring of the tigers, and he was anxious to leave the building. Courageous children behave differently.

It was interesting to see how attentively Floyd watched and listened when his mother talked about his little brother. This was another indication that rivalry and despair of ever measuring up to his younger brother had brought about the fundamental change in the patient's behavior at the age of about two. When the family was out of the picture, the patient was usually well-behaved. This was reported by the kindergarten teacher who, to the surprise of the mother, could not report that she had difficulty with Floyd. It can frequently be observed that behavior problems arise only in a certain environment, mostly at home. All difficulties may vanish while the child is in school or stays at a hospital for observation. This gives an indication as to the persons against whom the difficulties are directed.

An endeavor was made to explain the situation to the mother. It was emphasized how many promising qualities Floyd had and that he could develop later into a very satisfactory human being. She was shown what harm her preference for the younger brother had done to Floyd. It also had to be explained to her that all her punishments, which sometimes were very hard, did

not mean much to Floyd who made a desperate endeavor to keep his mother busy around him. With Floyd particular pains were taken to bring about a reconciliation between him and his younger brother. It was possible to watch Floyd develop a feeling of being a protector to his younger brother. The patient became quite interested in his brother's well-being and finally never failed to remember him when he got any gift, like candy or toys. At present, after seven months' treatment, the difficulties are no longer pronounced and the mother gratefully feels that the suggestions given to her have worked out well.

Summarizing We had to deal with a potentially criminal child, five years of age, who at the age of two, after the arrival of his younger brother, had changed from a peaceful boy into a menace. His younger brother, a quiet, well-behaved child, was preferred by his mother. The patient developed the life style of the later criminal, fighting society and trying to achieve success by destruction of others. He had lost hope of being successful in a socially acceptable way. Attempts at re-education of the patient and re-orientation of the mother proved to be successful.

It is important to recognize the childhood features of the criminal. As in any other difficulty, it is comparatively easy to stop the mistaken development at an early point. On the other hand, it is well known how difficult, if not in many cases impossible, it is to re-educate the adult criminal.

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CHILDHOOD PROBLEMS
AS SEEN FROM THE ANALYTICAL PSYCHOLOGY
C. G. JUNG'S

By
FRANCES G. WICKES

It is difficult to present in a brief outline the applications of Jung's analytical psychology to the problems of child education for his writings present few specific findings in regard to child analysis. Rather does he direct the attention to the difficulty which lies back of the child's problem that is the psychology of the adult whose relationship and authority form the setting of the child's daily life. It is the adult who must bear this burden. And it is a burden of being rather than of doing.

To quote his own words, "If there is anything which we wish to change in the child we should first examine it and see if it is not something which could better be changed in ourselves"—for, "we cannot correct in a child a fault that we ourselves still commit." And again; "Most nervous disorders of children start from a troubled psychic atmosphere of the parents"—"not the good wise words but the action, the *actual life* of the parents counts."

It is therefore with this basic attitude in mind that we must consider Jung's theories of child analysis, or rather his suggestions for the study of the problem which is confronting each particular child.

Before the embryo can sustain an independent life of its own it must be nourished through the physical being of the mother. Before the psyche can maintain a separate existence it must be nourished by the psychic life of the parent. The psychological umbilical cord holds long after the physical cord is severed. The child is at first in closest relation to the psychological life of the parents. The unconscious undercurrents which affect the parent are reflected in the child, so as he develops, the germs of health and security or of instability and negativity are communicated as surely as are the germs contained in his material food and these nourish or weaken that inherent embryonic center which contains the future potential of individuality.

If we examine the dreams and fantasies of a young child we frequently find that they deal with the problem of the parent rather than the child's own direct difficulty Jung tells of a case where a man was so out of touch with the unconscious that he could never recall a dream. But he brought some interesting dreams of his eight year old son These were found to contain the father's own problem and for some time the father's analysis proceeded through the son's dreams until, as the father came to grips with his own hidden emotional disturbances, he began to dream his own dreams and the boy was relieved of the burden he had been carrying

If the child will talk freely of dreams, day dreams, and phantasies we may gain an insight into the working of the unconscious and see what qualities are struggling for life In a class of small children there were several who were considered to be problems. Various devices were used to discover the underlying fantasies One day they were asked to write a story of a little dog lost in the snow One child wrote as follows. "I went to walk with my master. We came to a beautiful wood. I was running along when cold feathers fell on my nose I began to chase them I ran very far Then I could not find my master I was lost in the dark wood—it was very cold. I was very frightened. I crawled into a hollow log When I looked out the feathers were falling very hard. It got darker and darker and I was miserable. But it was all worthwhile for that night I met another little dog and the next morning we had seven puppies." [The punctuation and spelling are mine for in such writing the child must have no thought of form or the fantasy will not flow] This was one of the "problem" children. She was slow, she was absent-minded, she was clumsy. Her baby brother was cleverer than she. Her father and mother were both busy professional people, they were proud of cleverness but had little time for "stupid" children. A capable nurse did everything for the baby. It was not hard to see how her starved emotions longed to mother and take care of something She wanted to love and be loved, instead she felt inferior, unwanted. In this confusion her slow little mind was busy with day dreams rather than lessons. After writing this story she talked freely of these dreams Another problem child wrote of the master's anger when the dog was found and of his thorough beating. Another wrote of death in a snow bank. A very secure child ended her tale with being found by a kind, kind woman who took her back home So through such a simple device unconscious emotions were revealed.

In the "Inner World of Childhood" I give a number of cases where the dream of the child contained the actual problem which the parent was failing to face in his own life But these facts which are revealed can rarely be used in direct analysis with the child. They must be given back to the adult to whom they belong. In doing this the greatest care must be used for we must remember that we are in danger of rousing deep resistance in the parent. Our whole relation to the child may appear as an attempt to spy upon the

privacy of the adult's inner life. In such an event the unconscious of the parent may turn against the child as a betrayer and we may have injured the relation of love which is so necessary for the still dependent psyche.

For the early dependence upon the parent is quite right and natural, and normal growth is injured by premature disturbance of this relationship. It is therefore a delicate matter to bring to the consciousness of the parent the fact that the real difficulty lies in his own maladjustments, or his failure to face his own problems. Such factual knowledge crudely presented may only rouse negativity, both toward the analyst and toward the child and so increase the child's difficulty. We must realize that the parent also may be caught in a situation which he does not understand and that he is doing his best in accordance with his own upbringing and his conscious beliefs. The bewildered parent frequently needs understanding, not condemnation.

We cannot lay too great emphasis upon the fact that in very many instances we are dealing with forces quite hidden from conscious recognition. The parent does not know that his own unfulfilled ambition is reaching out for fulfillment through the child who will be a credit to him. He has never learned that unhappy marital situations which he dares not admit even to himself may create an environment of insecurity which makes the child insecure even though he is unaware of the cause. Nor does he realize that his own unrecognized will-to-power (which he feels to be a desire to train the child in obedience) arouses the opposing force in the child's unconscious so that "you must" calls forth "I won't"; or that early unfaced fear masquerading as solitude fills the timid child with irrational terror, or the independent child with resentment and rebellion. "They know not what they do" is true often of both parent and child and the task of making conscious the hidden difficulties is one that calls for not only sympathy but also for a deep knowledge of the workings of the unconscious.

To discover the underlying causes of these maladjustments involves revelations of the inner life and these revelations must be respected. This extends to the youngest child. The child must feel that what he says will not be used against him, that it will not be told without his permission even to the parent. If a really friendly relationship is established the child will himself permit a collaboration between the parent and analyst, but here must always be a trust that the analyst will not betray him to an enemy force in the unconscious of the parent. So friendship must be won *both* with the child and with the parent with whom the difficulties are discussed. The "clinical" use of material where the child is questioned and discussed before others is a violation of every spiritual confidence. It is therefore necessary to study the home environment and to understand the parental problems before we can determine what part of the difficulty belongs to the child and what part is the parent's own. In all this work we must try to establish a right parental relationship for this is of vital importance to a child and furnishes a security for which there is no

real substitute. The parents represent to the child the earliest images of love and authority and both love and authority are necessary components of the atmosphere of security which the young child needs. Love gives to him the warmth and the assurance that he is accepted. Wise authority gives him a sense of security because he is not asked to assume responsibility for his acts before he is able to accept the burden of independence. I say "wise" authority for that is always ready to help the child to independent act and to self control.

The parental images frequently determine many of the child's later choices and decisions. Profession, love relations, ethical standards all may be unconsciously determined by the early parental influence. It is only when the unconscious of the growing child remains in too great identification with that of the parent that he may go through life acting on precepts which he has absorbed and which he has assumed to be his own. The parental images are built up not alone from the relation with the actual parent but from the images which move in the deeper layers of the collective unconscious, that is the images derived from racial experience which leave their imprint upon the human psyche. Many fantasies and dreams of children show the father image in terms of ancient figures of tribal authority, or the mother in the guise of the terrible mother or the compassionate mother, so that the personal and the impersonal are both components of the idea of father and mother. The imagination of the child often touches with universal meaning the events of his own life and the all-powerful parent becomes the embodiment of a mythological figure.

As the child grows older his own personality, his own ego comes more and more into independent being. "At first, ego-consciousness has little or no continuity. It is like a flickering light that comes and goes. A real sense of an existing conscious personality may be very slow in developing, it involves memory of acts and experiences, and the power to relate them to each other and to oneself. As ego-consciousness develops, events and emotions of significance are no longer merely experienced and forgotten. They become part of the stream of memory."* Memory as a reanimation of experience carries with it a certain critical quality. It enables the ego through the comparison of experiences to establish its relationship to events and to assume responsibility toward them, so perceiving the inner force which has acted and which is as important a factor as the outer event.

"For the ego must always reckon with those other elements of the psyche, the parts that move in the unconscious, elements which suddenly take possession of a person through a mood or an unpremeditated act contrary to conscious volition. The distinction between the ego and other elements in the psyche may begin early. Whenever the child can distinguish between himself and the outer circumstances of his life—whenever he can say, "I hurt myself", not, "it is bad, it hurt me"; whenever he can say, "I think this"; whenever

* Wickes, Frances G. "The Inner World of Childhood"

he can control a sudden emotion so that a conscious being inside himself directs the affect, or when he can consider himself responsible for the emotion he has failed to control, the ego develops."*

Even a child can see that when one is swept away by anger, one temporarily *becomes that anger*. It is the anger that acts, that assumes charge of the child himself. When the anger has passed the child is often dismayed at what the anger, the affect, has done.

"When the affect takes on an autonomous character—that is when it has gained such power that it can assume control—and is no longer under the direction of a central ego, it is almost like another personality. The ego then is not integrated, but split—first one ruler or autonomous complex, then another, takes over authority. In this way affects that should properly be in the service of the ego may assume lives of their own. In children these often appear as 'imaginary companions', in pathological cases as split-off parts of the personality with equal powers of control, so that the ego-direction seems to reside first in one, then another, of these split-off personalities. In *ordinary* persons they appear as compulsive emotions, prejudices, preconceived ideas, suspicions, irrational certainties. They may clothe themselves as images that appear in dreams or move in phantasy, as 'people' with a life of their own, able to help or hinder the ego in finding its own way of life. Sometimes these images are personifications of autonomous complexes, sometimes they represent lost parts of the personality which, left behind in the pressure of adaptation to the demands of life, seek a re-entrance into ego-consciousness."† There must be a distinction made between the developing central ego and the autonomous power that threatens. It is not that the *child* is bad, but has let the bad thing assume control and must now take the responsibility for what has happened and accept the consequences.

The primitive sees the affect as a spirit or demon which obtains possession by entering into the body of the one possessed and causing actions foreign to his own central nature. The child, whose mentality is near to the primitive, readily grasps this imagery but he can take a further step and see that this spirit rises up within himself—that it is a personality for which he must assume responsibility.

A small boy with an intuitive knowledge of how to hurt others, a violent destructive temper, and an equally violent hatred of Hitler, was at first indignant at the suggestion that Hitler was alive in him—that it was *his* Hitler living in him who suddenly took possession of him and who then made him want to hurt and to destroy. He became interested in the Hitler (that shadow side of the personality manifest in will-to-power and cruelties) who exists in each one of us. Seeing him as an enemy common to us all it became a universal problem as well as his own personal one and so he could look at it with some

* Wickes, Frances G. "The Inner World of Man."

† Ibid.

objectivity. He realized it was his own will-to-power which made him attempt to bully other children, and to force capitulation from his mother by trying to terrorize her through his prolonged violence. He recognized that he was indulging in an exciting pleasure when he let go and felt an intoxication in being overwhelmed by the Hitler force which he could no longer control. Then he saw that it was Hitler who controlled *him* not he who was the master. One day he announced, "I'm not going to have that old Hitler running *me* any more." He then began to outwit Hitler and be his master. In this battle the analyst became the friend who was helping him to combat the enemy. A friendly cooperation was substituted for the conflict between authority and rebellion, and what had been a power struggle became a struggle for self control.

Often the fantasy figure who personifies the unknown side of the self—the terror or the emotion, may become visible in painting or sculpture. It is then put outside to be observed. It is deprived of its magic because the limitations of form remove it from the sphere of illimitable formlessness and so depotentiate it. So one may discover the true source of its power. Rosie is painting a gay row of faces in all the "happy" colors—yellow, red, blue, green, but suddenly she stops—"There is a black face but I am afraid to paint it." "Perhaps if you painted it you would know it and not be afraid." She paints a black circle. "But there are no eyes, nose and mouth. Where are they?" "I am afraid of them." "Perhaps you would not be if you painted them." So rather fearfully they are painted and the child looks at them now with more interest than fear. Later a classmate slops red paint and a trickle falls upon Rosie's wrist. In a moment she is a little demon and flies at the offending child. Then the anger goes as suddenly as it has come and the teacher says gently—"I looked for Rosie but all of a sudden Rosie had gone and only the black face was there." They talk quietly, Rosie sees what the black face means. It is something within herself which she must not let work harm. The teacher will be her friend and help her. She knows Rosie is more than the black face. She says—"I am happy now." But her happiness vanishes as she speaks of going back home. The black face is there also. Timidly she speaks of her father; Black Face lives in him. His angers not only terrify her but waken storms of fear and anger in herself. Her fear lies deeper than her own violence. It is a problem that the father too must meet.

Often children's pictures of parents show hidden fears and resentments, or they depict vague anxieties that rise up from the depths of the unconscious and find an expression and a release through pictures. For most pictures are confessions—that is *real* pictures which are original creations, not the pictures produced in classes which are designed to teach technique. I do not infer that there should be no art classes where technique is taught. Children often crave direction and demand help through formal instruction, but the two types of work cannot be expected to produce the same results; the one gives form to the conscious talent—the other is a revelation of unconscious processes.

Or the independent personality (the autonomous complex) may make its appearance as a playmate. The imaginary companion who often accompanies a child in his early steps of the journey of integration is not just an amusing fantasy appearing and disappearing without meaning or purpose but is related to a phase of psychological development. This companion (as in the case of Hitler) is often a distinct inner personality. As a super ego he is the inner voice—the conscience (but not in the Puritan sense). Or, in his shadow phases, he is the bad child who is responsible for the unaccountable act, here he often acts as scape-goat—(Johnnie is a good boy, *he* did not do it—bad Peter did it). Or the companion may play a compensatory role and by his achievements atone for all the child's own failures and inadequacies. Sometimes in this role he lives in day dream and supplies life and color to the too-drab daily existence; or he may, through vivid imagination, open the door to an inner world of reality, a world of great value if it can be used not as a retreat but as a recognized source of strength having its own place and meaning.

Through a sympathetic understanding of these companions one may enter into the inner world of the child and be able to help him to bring that world into relation with his own ego reality and with his outer life. To know the companion is to know much of the inner motivation of the child himself, and through this knowledge we may help the child to develop the desirable potentials and face and overcome the undesirable, so that out of these shadowy personalities we may help the child to integrate a central self.

For in taking responsibility for the affect the attention is focused upon the actual forces moving within the child not upon their appearance in act. The persona, the outer garment of the ego, is not used to conceal the inner reality. The pattern of acceptable behavior is not superimposed upon the reality of the selfish motive; resentment is not thrust down into the unconscious nor is the ideal, the generous chivalrous little gentleman, or the good little girl, imposed upon the reality of masochistic pleasures, resentment, or deceit. For the child can have no concept of the abstract goals. *From daily experience, from an understanding of the consequences of his acts upon himself and others, and from an increasing understanding of his own motives a child gradually builds up a concept of the good and the desirable which is not determined by mere manners or through identification with an older person's unconsciously imposed "ideal."*

One of the most important contributions which Jung has made to the field of modern psychology is his study of types. A realization that fundamental and basic differences exist even in childhood broadens our understanding and sympathy with the human being who reacts in ways foreign to our own. The terms extravert and introvert have now become terms of ordinary usage.

The extravert finds his original values in the outer world of action and objective goals. His energy flows spontaneously outward. The objective world, the new situation, excite his interest, action is natural to him.

The energy of the introvert arises from within and the object must be related to his inner world and his subjective values before he can release energy in action. Also the inner images, the spontaneous thoughts arising from within himself must be pondered and developed before they can risk contact with the outer world. There is a popular prejudice which confuses introversion with morbid self interest but the two are very far apart. Nor is anyone entirely extraverted or introverted—there is, in every normal person, a balance between these attitudes. Yet we may observe the *typical* reaction even in a very young child. Two children come into a new environment—the one moves forward with eager curiosity either for investigation or dominance, the other withdraws into contemplation, as though deciding within himself the nature of this newness presented to him.

Of course all these immediate reactions are influenced by the early emotional background. The child who holds back *may* be an extravert made cautious through fear. The child who appears to fit easily may have learned that quick response meets with approval and so makes the new less dangerous. We cannot use these terms as handy labels but by realizing these differences in type we will withhold judgment until we know what is really happening *inside* the child himself. To the *introverted* child thoughts and fantasies may be the dearest possessions. The person who succeeds in obtaining these and then betrays them, "gives them away," has really robbed the child of an actual possession—it would be better to have stolen a valued toy. For these inner realities are the wealth of the introvert. A child who once was singing a magic story was threatened with punishment if she would not tell her little sister what she was saying. Naturally she had to save herself from robbery. It started a pattern of concealment. It increased the separation of the inner and the outer worlds. It added to the danger—always present with introverted children—of making fantasy a solitary world to which she could retreat. The extraverted child, on the other hand, finds his interest and his values in the world of event and activity. He responds to the outer stimulus, he adapts more readily to environment. He becomes bored by outer activity, for the inner world holds no lure except perhaps in day dreams of adventure and action. The child who acts too quickly and causes confusion or destruction thereby, may be only over-eager to act because he learns first through doing—through activity. These two types need very different handling.

To help the child meet the needs and demands of ordinary life we must understand typical reactions not only in the child but also *in ourselves* for unless we understand the limitations of our own type we cannot give understanding to the child whose essential values differ from our own and we cannot help him to attain a balance without destroying his own innate potentials.

Jung has also distinguished between the main psychological functions by which a person may make his approach to the world. One or another of these functions furnishes the individual with his natural approach to the outer

world. Jung lists as the four basic functions, sensation, or the function of immediate reality which tells that something *is*, thinking, which tells you *what* a thing is, feeling, which informs you of its emotional value and intuition, which apprehends the *potential* contained in the situation. One or another of these functions serves as the individual's natural approach to life. Though each exists, either in the conscious or the unconscious, they are not all equally available for use. An understanding of these differences helps us to understand the difficulties which a child may encounter. We shall not expect from a "thinking" child a developed feeling reaction in accordance with his intellectual attainment. We know that the child who shows maturity of judgment in human situations may find thinking a dreary, difficult task. We do not expect the intuitive child who shows uncanny ability in some departments, to excel in subjects that require plodding thought. We see where the individual child must have patient help to meet his own inherent weaknesses. But again we must avoid the pigeon holing. We must study profoundly, not in order to use our knowledge directly in classification, but in order to make us patient and willing to admit that the child who is very very different from ourselves has his own legitimate problems and his own legitimate values.

Even as the judgment of what is valuable and desirable varies with the individual so the sense of the thing to be avoided, even feared, differs greatly with the type reaction. To the introvert the inner world of image, the danger lurking in the unknown, is most to be feared. He may show courage in facing pain but be a coward in an imaginatively peopled darkness. But primarily fear is the heritage of insecurity. It is well known that in the last war night terrors and terror dreams continued with the child whose relationships were insecure but disappeared with the immediate danger in the child who felt his own small world emotionally stable.

We can never dismiss a fear by labeling it as foolish no matter how convincing our arguments, for the conscious willing part of the child may decide not to be afraid but only a small part is will-directed self. The fear must be admitted and some real security built up to meet it. To laugh at the fear does not diminish it but only creates a sense of inferiority and lessens the inner powers of resistance. Fear of the unknown, fear of ridicule, fear of one's own powerlessness (inferiority) fear through guilt—even false guilt, all these must be sympathetically understood if we would help the child to face his fear rather than conceal it and have it creep out in projected, obsessive forms.

The almost exclusive emphasis which the Freudian school lays upon sex is not present in Jung's theories of child education. He says, "We ought to be able to recognize and admit that much in the psyche depends on sex, at times everything. But at other times little depends on sex. Other pleasures, other interests fill the mind and the emotions, and sex plays a small part."* To the very young child the mother represents, not so much the sexual object, as the

* Jung, Carl G., Contributions to Analytical Psychology

source of nourishment and protection. The excessive tie to the mother arises from the regressive longing to remain a child, to shrink from the difficult task and from the burden of growing up. Thus the Terrible Mother is a symbol of man's regressive infantile longing, and the need to overcome the mother is the need to break from the domination which she exercises over his infantile side. This involves far more than the sexual libido. The relation to the father has much to do with the child's attitude toward authority not only in the home but in the outside world—docile obedience, rebellion for rebellion's sake, or a growing attitude of independence and individual responsibility are all influenced by the type of father relationship. The boy rejected by his father may try to find his masculinity through a homosexual relation. This may also be true of the girl who has found no security in her mother's understanding affection. For it is undeniably true that the relation with the parent makes a deep impression which does much to determine the sexual pattern in later life and the choice of the love object. Parental fixations and identifications are active agents in the formation of all future relationships until they are understood and their power broken.

One cannot determine the time and place for the first sexual instruction. Questions may arise, curiosities may develop any time. It is then that the unconscious of the adult speaks—and again we are reminded of the words—"What you are speaks so loudly that I cannot hear what you say." We may have a knowledge of sex in all its biological and physiological aspects and a consciously accepted attitude that sex is good and desirable, but if we have deep unconscious resistances, old fears and inhibitions, which we are trying to repress, the child will get from us only a sense of something secretly shameful but unfortunately necessary. So he who would educate a child in sex must himself be educated by a true understanding of life. The child is not interested in sex merely because it is sex but because it is so vital a part of life and is interested in living. If the child cannot discover from an adult the truth in a way that satisfies his emotional curiosity he will look for it elsewhere—in fact he will steal it wherever he can and in this way a pattern of deceit is set up which often leads to lying and stealing. Mere crude facts or instruction may meet none of the emotional needs and the normal curiosity of the child. The freedom of relationship which the adult himself accepts gives freedom to the child.

The problem of masturbation is a very general one and should be so accepted. The isolating sense of guilt attached to it is far more injurious than the act itself. In the lonely child masturbation may give rise to fantasy and so open the door to a way of retreat from reality. A proper understanding on the part of the adult makes him able to deal with this as an undesirable but not guilty act. In its fantasy-invoking form the fantasy is an important key to the difficulty which underlies the act. The best approach to the sexual problem of adolescence is the clarity of attitude in the adult who has his confidence

Slowly throughout infancy and childhood an independent personality is coming into being. School, if it occupies a true function, forms a bridge between the home and the world. Something far more important than the mastery of the curriculum should be its aim, that is the child's mastery of himself. Something far more important than mere intellectual achievement must be sought, namely the growth and quickening of the entire personality, the development of the individual creative power, and real independence of thought and feeling. True independence is very different from self assertion and rebellion—rebellion may often be only a negative form of dependence, for the child who *must* take the opposite side simply because it *is* opposite is as bound by identification as the child who *must* agree to every suggestion. Rebellion is necessary only when proper independence is denied. Here again the personality of the teacher counts more than his technical training.

At adolescence this independence becomes a paramount necessity. Yet with this independence must come also a realization of the true demands of adulthood, an acceptance of obligation as well as of freedom. Throughout the ages primitive man has recognized the importance of this period of adolescence in the rites of initiation. These all are designed to break the infantile ties to home and parents and to show the youth his real relation to the life of the adult world.

This is no easy task. In his endeavor to find his place there must be much trial and error. He must break from childish bonds often with misdirected acts of independence. The new forces rising within himself, the surge of emotions, of quickening sexuality, of choice of work, of social demand, all force upon him new problems. He can no longer seek security in a parental relationship but now, perhaps more than at any time, he needs understanding. If the parent or parent surrogate will set aside his authority for sympathetic comradeship he can be a helpful agent in helping the youth to understand what is happening in his inner life and the forces moving in his unconscious in creative or destructive form. Adult advice or counsel goes only a short way but the wise parent or teacher who has understanding of his own unconscious can help the adolescent see what is happening not only in the events of his outer life but in terms of inner realities and so to interpret himself.

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